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## ART. V.—HOSPITALS.

HOSPITALS, as we see them now, had no existence until a very recent period in the history of the world. It seems that the credit of first establishing hospitals must be accorded to the ancient Bhuddist kings of India, who flourished some five hundred years B.C. And especially to the Bhuddist king Asoka. The stone edicts of this sovereign yet remain, evidencing that he ordered hospitals and asylums for the sick to be formed at various places throughout his dominions. But Brahminical superiority soon afterwards reasserting itself, the Bhuddist institutions were suffered to decay. For the learning of the times was scrupulously kept within priestly sects, and the holy Brahmins could not be polluted by such contact as ministration to the sick involves. When the Mahomedans attained to power in India, although physicians were attached to the Mogul court, and to the camps of the great sirdars, or chiefs, there is no record of hospitals having been established. It remained for the British-India Government to give hospitals to Hindustan, and the duty has been performed with liberality. There is scarcely now, throughout the length and breadth of India, a village even, of any size, where the hospital or dispensary is not an established institution, fast being supplemented by special hospitals for females.

Neither does it appear that hospitals were considered necessary by the ancient Greeks. We know there were physicians and surgeons in those days, for Homer said, "a physician being wounded, requires a leech's aid." Æsculapius was the god of the medical art, of whom Pluto complained that he diminished the number of the sick. Then there were the sons of Æsculapius—Machaon, "the matchless leech," who cured Menelaus, and sucked the poison from the wound of Atrides; and Podalirius, more skilled in medicine than in surgery—but both physicians in the Greek army, and both "divine possessors of the healing art." The certainty that there were chirurgeons and physicians who made the healing art a business, renders it strange that we have no record of Greek hospitals. The same "perils did environ those who meddled with cold iron" in ancient times as now. There were the Theban war, the siege of Troy, the wars of Cambyses, the battle of Marathon, and the memorable Thermopylæ. Neither was the number of men engaged in such wars contemptible. The text of the "Iliad" teems with descriptions of bleeding wounds, at which even "the great Agamemnon shuddered as he saw!" Then there were the Olympian games, and the doings of the gladiators, who were obliged to murder each other for the double purpose of steeling the hearts of the

young men, and affording amusement to the populace. There must therefore have been abundance of work for the surgeon and physician in these ancient times, when, although "a wise physician, skilled our wounds to heal," was regarded as "more than armies to the public weal," hospitals were not considered necessary.

Referring to Rome, Pliny says that during the first five hundred years of Rome's existence, the practice of medicine was forbidden, and professors of the healing art were banished. What a paradise ancient Rome must have been for the "Peculiar People" of the present day, who so foolishly decline all measures for the relief or cure of disease! Cæsar does not mention civil hospitals, but the conqueror who wrote "Veni, vidi, vici!" was too clever a general to neglect the care of the military sick. Cæsar would not have answered a recommendation of his chief surgeon, as a British general of modern times is authentically stated to have done, by a coarse refusal—"a neglect which," continues the narrator, "before the year was out cost the general his life." Hyginus Grammaticus describes the *valetudinarium* in the Roman camps, and the same is referred to by Vegetius Flavius. We have also authentic data that four *medici* were attached to each company of soldiers. And Velleius Paterculus, in his account of the expedition to Germany, describes the provision of physicians, and of other requisites for the sick of the army, as in such profusion, that only home and domestics were wanting. The earliest Roman civil hospital appears to have been instituted by Valens in Cæsarea, A.D. 364; and very soon afterwards another was established in Rome, by the lady Fabiola. Julian, about the same period, decreed the formation of hospitals in various places, also of hospices for the reception of travellers. There is also mention of at least two other ancient hospitals, one instituted by Jerome at Bethlehem, about 340, and one by St. Chrysostom at Constantinople, about 407.

Passing to this country, we do not find any mention of hospitals in Pearson's "History of England during the Early and Middle Ages." Neither does Lappenberg refer to hospitals in his "History of England under the Norman Kings." The earliest British hospitals of which we have record were founded by Lanfranc, Archbishop of Canterbury, in 1080: one for lepers, and one for other maladies. A curious regulation of the latter hospital was, that any person giving to patients food except that ordered should be deprived of benediction. That regulations against giving patients food in addition to that ordered by the physicians are necessary now was proved quite recently in a London hospital. A boy recovering from

typhoid received fruit brought by his mother, from the effects of eating which he died.

The Knights-Hospitallers, or Knights of St. Lazarus, were a semi-military, semi-religious order, traced back by Belloy to Palestine, in a very early period of the history of the Church. They appeared in England in the reign of King Stephen (1105), established headquarters at Burton, and founded various stations, or hospitals, one being St. Giles's in London. First they undertook the care of the sick generally. Then a large number devoted themselves to what was called leprosy, and at last there was a sect of the order who were all lepers, and were obliged to elect a leper as the grand master. The Rev. Mr. Jessop, in his "Village Life in England Three Hundred Years Ago," details how, at the outskirts of every town, there were crawling about emaciated creatures, covered with loathsome sores, called by the name then applied to all affected with ulcers, boils, skin diseases, etc.—viz., lepers. The sick, however, were not altogether uncared for in these early times, for every monastery had its infirmary. But after the Reformation some of the monastery and Church property was more directly appropriated for the use of the sick, culminating in the initiation of St. Bartholomew's Hospital, St. Thomas's, Bethlehem, popularly corrupted into Bedlam, Bridewell, and Christ's; formerly known as the five royal hospitals.

Perhaps when the former condition of the medical profession is considered, reasons will be forthcoming why the care of the sick remained so long in the hands of the priesthood, and why hospitals were not sooner established. The earlier physicians worked by conjuring and charms. "Hax! pax! max!" was an old medical charm against the effect of a mad dog's bite; and the ejaculations "Och! och!" were held to be curative of other maladies. The old physician was as often as not a pseudo-astronomer or alchemist. At a still more recent date the physicians, with their black silk stockings and gold-headed canes, loved to surround themselves with the mystery which the *omne ignotum pro magnifico* cast upon them. The chirurgeon was looked down upon by the physician, for the chirurgeon was also a barber. But physicians were not always free from the taint of barber's work, for the poor physician was portrayed by Cotgrave, 1655, as able to "clarifie your blood, surfle your cheek, perfume your skin, tinct your hair, enliven your eye!" It is rarely we see in the writings of the most cultivated men of former times an allusion to the medical profession without a sneer. Thus in Luther's memoirs it is stated "the lame, halt, blind, deaf, dumb, and natural fools are possessed by devils. Physicians who pretend to treat such infirmities as resulting from natural causes are mere quacks, and totally

ignorant of devils." Dryden wrote: "He 'scapes the best who, nature to repair, takes physic from the fields." Shakespeare has his "caitiff wretch" of an apothecary. Addison wrote of doctors: "This body of men may be described like the British army in Cæsar's time. Some of them slay in chariots, and some on foot. If the infantry do less execution than the charioteers, it is because they cannot be carried so soon into all quarters of the town." Churchill said: "Most of the evils we poor mortals know, from doctors and imagination flow." Garrick wrote of a physician of the time: "His physic a farce is." Another author called medicine "physic's deadly pill." Byron called medicine "the destructive art of healing." Douglas Jerrold, ridiculing Latin prescriptions, wrote: "We should like to hear a few general practitioners indulging in a quiet chat on Sir James Graham's new medical bill in the vernacular of the Cæsars!" Dickens's sketches of Mr. Bob Sawyer and Mr. Ben Allen were not calculated to raise the profession in public estimation. Another writer, whose name it is not worth recalling, thus stigmatized the profession in doggerel:

Nigh where Fleet ditch descends in sable streams,  
To wash his sooty Naiads in the Thames,  
There stands a structure on a rising hill,  
Where tyros take their freedom out to kill!

"Custom hangs on us as heavy as frost, and deep almost as life," and the custom of sneering at the medical profession—once carried on with an aggravating persistence equalling that of Poe's raven—has not even yet quite died out. For a few weeks back one of the principal London dailies, mentioning the number of medical men attracted by the announcement that Dr. Koch had discovered a cure for consumption, also observed that Koch would materially lessen the death-rate in foreign countries by alluring all doctors to Berlin. Old customs, like old false religions, take a deal of killing. But a joke of the kind is rather out of time, and does not even create a smile. Burke once said: "Obloquy is a necessary ingredient in all true glory." (*En passant*, it may be observed that while sincerely hoping Dr. Koch has discovered a cure for consumption and allied maladies, we fear that experience will demonstrate the reverse.)

Before 1815 no examinations were considered necessary as passports into the profession. Anyone who choose could set up as a doctor. And the Archbishop of Canterbury had the power of conferring the degree of doctor of medicine, until the Medical Act of 1858 finally disposed of this absurd privilege. It is scarcely surprising that we have records of such ridiculous procedures as the grant by the British Parliament to a Mrs.

Stevens of £5,000 for the discovery of a cure for stone in the bladder, which was afterwards found to consist of small doses of liquor potassæ in veal broth!

Times, however, are now certainly changed, and the medical profession may claim to rank among the most highly educated. No profession has made such rapid educational strides. Diseases are cured which were formerly regarded as fatal, and successful operations are performed which even our fathers never contemplated. The most acute and educated intellects are engaged, skilfully and assiduously, in the search for "those truths of science, waiting to be caught, which float about the threshold of an age." Instead of five hospitals, there are now in the Metropolitan limits alone 238, affording beds for 6,000 sick people. More than 46,000 indoor patients are received annually, and a much larger number of out-door patients is attended to. And here it must be observed that a large proportion of the work is performed gratuitously by the medical profession. There are many hospitals and dispensary physicians and surgeons who, neither directly nor indirectly, receive other remuneration for their time, skill, and labour than that pleasure and peace of mind which arises from doing good. Gratitude is comparatively rarely, not even hollow thanks always, accorded to the medical attendant. But if anything goes wrong the unfavourable result is oftentimes attributed to the treatment. Patients and their friends do not remember the observation of Napoleon: "L'homme meurt partout." Nor do they recognise the fact that nature is more concerned in the preservation of the species than in the protection of the individual. Hudibras well said that in sickness God and the doctor are adored, but when in health the one is forgotten and the other slighted. Bonvart, on entering the sick chamber of a French nobleman, was addressed by his patient: "Good day to you, Monsieur Bonvart; I feel quite in spirits, and think my fever has left me." "I am sure of it," the doctor replied; "the expression you used convinced me of it." "Pray explain yourself?" questioned the nobleman. "Nothing is easier," was the answer. "In the first days of your illness, when your life was in danger, I was your dearest friend. As you began to get better I was your good Bonvart. And now I am Monsieur Bonvart. Depend upon it, you are quite recovered!" The following anecdotes further illustrate the treatment doctors sometimes receive. A farmer desired a country practitioner to visit a patient, a relative, in a village some distance away. As the illness did not appear urgent, the doctor proposed going in the morning. "That will not do," said the farmer. "I want you to go now, because I want a lift home, and to hire a trap would cost more than your

visit!" Another country practitioner was asked by an inn-keeper to visit a sick relative. The doctor hired a conveyance from the innkeeper, who charged him one shilling more than the doctor demanded for his attendance!

The question has arisen whether the hospital system has not attained too excessive proportions, especially by the frequent institution of special hospitals. It is advanced that new hospitals have been frequently founded for the treatment of special diseases, and this without reference to the provision already available. There is no doubt that the maladies which many special hospitals profess to receive could usually be as well, or better, treated in general hospitals, in some of which there are special wards. A suggestion was made some time ago that in future no institution should be admitted to participate in funds contributed by the public unless a good case could be made out, showing that it had been founded in response to local needs, and "not as the mere branch-surgery of some enterprising practitioner," and not unless the benefits conferred bear some proportion to the expenses incurred. If the 238 hospitals of London could be reduced to one-half by judicious concentration, there would be annually an immense saving in the cost of administrative staffs.

It is a well-known melancholy fact that the Metropolitan hospitals have latterly been suffering from want of funds. In a recent periodical there were thirty advertisements from hospitals in want of money. Even Guy's Hospital, after repeated appeals, did not raise sufficient to enable it to continue all the services to the sick of which it is capable; and no one came forward, as William Hunt did in 1831, who gave £193,789 to this hospital. Considering the present impoverished condition, a call for a Parliamentary inquiry into the management of the hospitals was, therefore, not misplaced. The necessities of the Metropolitan hospitals may be traced to several causes. First, there is the absorption of considerable public and private funds, subscriptions, and donations, by the special hospitals above referred to. Secondly, many people go to the hospitals who could afford to pay a medical man. A recent writer observes that "a working man or a small tradesman is expected to have his own baker and to pay for his beer, but to have no family doctor to whom he can look in a moment of emergency or a time of sickness, . . . while there are highly-educated medical men willing to serve the poor on moderate terms." Perhaps this, however, is too severe, for there are working men and small tradesmen to whom the payment of a doctor would mean deprivation of some other necessity of life. But when we are told on good authority that one in four of the population of London seek medical relief at the hospitals,

we must agree with the writer quoted above that under such circumstances "the demoralization of the people proceeds at an ever-quickenning pace." Some time ago Dr. Woods observed: "If it is admitted that the hospitals and similar institutions are treating the vast numbers that their returns evidence, there is no doubt that they are pauperising the people." Thirdly, the hospitals are used by a number of people who, on account of their extreme poverty, ought to apply to the parish for their relief. A hospital should certainly not be converted into a poor-house. Again, many persons are retained in hospitals—those with fractured limbs, for instance—until able to work. But a patient, after the surgeon has done all he can for a fractured limb, requires time for the consolidation of the bone. This period should not be passed in a hospital, but in some special parochial institution, so that the hospital-bed may be free for some other acute case. We are aware that a great deal has been done by the authorities of some districts for the relief of the destitute sick. As an example, the Marylebone Infirmary at Notting Hill, under the able superintendence of Dr. Lunn, may be referred to. Upwards of 700 beds are here provided for the destitute sick, and the infirmary, being a modern structure, is very well suited for the purpose. But so many persons suffering from acute maladies are necessarily received, that even this large institution cannot be what is required—viz., a parochial convalescent home. Fourthly, as pointed out by Mr. Burdett, there is no established system of hospital accounts. The cost of a patient varies much at different hospitals, and figures rendered do not convey a clear notion of how money is expended. Some hospitals spend more than £100 on each bed occupied per annum, while other hospitals spend a little over £20. Mr. Burdett divided 56 of the Metropolitan hospitals into 6 groups: 21 spent more than £100 on each bed occupied during the year; 3 spent more than £90; 6 more than £80; 11 more than £70; 9 more than £60; and 6 more than £50. It is significantly added that of the 21 spending more than £100, 19 are special hospitals, and they are small. Every hospital should publish annually accounts framed in exactly the same manner, which should be submitted to some central authority. Dr. F. Mouatt, in an address delivered last November to the Royal Statistical Society, advocated the constitution of a Hospital Board for London, after the example of the Metropolitan Asylums Board. The Indian system might well be adopted. Each hospital furnishes the surgeon-general accounts and registers of patients, drawn up on the same plan. These are elaborated in the surgeon-general's office into one report for the informa-



tion of Government. The number of patients, cash-balance, receipts under different headings, and the total income of every hospital, are shown; also the expenditure under the heads establishment (sub-divided), medicines, diet, wines, bedding, clothing, building or repairs, investments, total expenditure, and cash-balance. It is, therefore, easy to ascertain the average cost of a patient, not only under all heads, but also under any particular heading.

There is no doubt that hospitals are more popular now than they were in bygone years. We can recollect the time when many people objected to become inmates of hospitals, because they were afraid of contracting some other disorder; or they feared being experimented upon; or they thought they might come under the tender mercies of some youthful doctor; or because they might be made the subjects of clinical teaching to students "walking the hospitals." If such fears linger in the minds of any of the present generation, such fears are superfluous and unnecessary. It is essential that youthful and even aspirant doctors should be employed in hospitals, both to assist in the work and to gain knowledge and experience for the benefit of coming generations. But the system is such as to leave little, if any, chance of the most careless or ignorant neophyte doing injury; and as regards a patient being made the subject of clinical teaching, he may rest perfectly sure that if this is the case, his malady will be investigated with more than ordinary care, and his treatment will be conducted with the utmost skill and attention. Personally, we would rather be treated in a hospital to which a medical school is attached than in one where there are no students. Doubtless trials of new medicines have been made in hospitals, but medical men do not experiment, first, without the full consent of the patient; and, secondly, without being fully assured that no evil consequences will result. As regards the contraction of other maladies, infectious cases are now isolated, and none but the nurses and medical officers incur risk. Our hospitals are infinitely better sanitated than they were in former days. It certainly cannot be asserted that the earlier condition of hospitals was, sanitarily speaking, satisfactory. In this respect they partook somewhat of the condition of the gaols and prisons as described by Pringle, Howard, and others, overcrowding, want of ventilation and of cleanliness, being the principal evils. The times, indeed, wanted other aid; for even Dr. Johnson said of clean linen: "And I, sir, have no passion for it!" A medical practitioner of bygone years, protesting his patient was dirty, received as reply: "We have done our best to keep him tidy, and if you had only seen him last Sunday, when he was washed and shaved, you really

would have said he was looking well?" Medical men, especially military physicians and surgeons, long since recognised the evil effects of massing together great bodies of sick in general hospitals, thereby generating a hospital atmosphere. Hence Pringle's recommendation of separate regimental infirmaries, the germ of the separate pavilion system of the present day. Dr. Moseley long since wrote: "It is a solecism on economy to have a bad hospital"; and Larry said he would rather treat his patients under a hedgerow than in a crowded hospital.

It is remarkable that during the first fifty years of the present century, with the exception of a paper by Sir George Ballingall, in the "Cyclopædia of Practical Surgery," nothing appears to have been published regarding the construction of hospitals. But in 1856 Mr. Robertson read a paper on the subject before the Manchester Statistical Society. After that the matter was much discussed in the *Lancet*, the *Builder*, the *Medico-Chirurgical Review*, and in other periodicals. As regards military hospitals, especially, a painful impression was made during the Crimean War, leading to the fruitful exertions of Miss Nightingale, Lord Herbert, Dr. Sutherland and others. Dr. Farr and Miss Nightingale, indeed, questioned whether hospitals as existing had not destroyed more lives than they had saved. Next appeared a paper by Sir J. Simpson, in 1869, on "Hospitalism," which term implies the hygienic evils which huge and colossal hospitals involve. Simpson wrote that hospitals become deteriorated by long use, and he advocated small wards, and the segregation of all surgical cases. Many of Simpson's conclusions have, however, been questioned. Mr. T. Holmes says septic diseases are not more common in hospitals than out of them, if the institution is properly ventilated, if perfect cleanliness is observed, and if there are no careless surgeons, house-surgeons, or nurses. The urgent necessity of ventilation, cleanliness, and care in hospitals, is apparent from the following observations recently made by Mons. Tarnier. He found that one micro-organism in one cubic metre of air is the proportion at the summit of a mountain; in the Parc de Montsouris, 480; in the Rue de Rivoli, 3,480; in the Hôtel Dieu, 40,000; in the Pitié, an older hospital, 319,000. But dust, it appears, is the great conveyer of micro-organisms, and in the hospitals the proportion of germs in a gramme of dust was so high that counting was found to be impossible. Much must assuredly be claimed for the antiseptic dressing of Sir Joseph Lister, by which micro-organisms in the atmosphere are prevented coming into contact with wounds. It is true that some are of opinion that perfect cleanliness in every direction is the most

important point. But to render security doubly sure, it is essential that both precautions should be taken. Surgeons certainly have not yet acquired the dexterity of the photographer, who, as expressed in the vernacular, as rendered by Mr. Punch, "will take yer head off for sixpence, and yer ole body for a shilling!" But when we know, as a fact, that great surgical operations are now ten times more successful than they used to be; and when, owing to the exclusion of infectious cases, we know that "catching" a disease in a general hospital is almost unknown, it must be admitted that the present condition of our hospitals is as satisfactory as most human contrivances can be. This has been accomplished by improved construction, better ventilation, segregation of infectious diseases, perfect cleanliness, the use of antiseptics in various manners, and knowledge and training, which ensures and implies care, on the part of attendants.

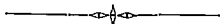
The following is what a hospital should be: 1. A standard of medical and surgical science and practice, and a means of promoting a knowledge of both. 2. A model of economical arrangement, and of scientific sanitary appliances. 3. A pattern of the mode of managing the sick.

Miss Nightingale once observed, that if hospitals are intended for the cure of the sick, they would not be built in towns. Doubtless the atmosphere of the country is less tainted than town air. But, unfortunately, we must have hospitals in towns, and particularly in this overgrown London. There is, however, an increasing admirable system of hospitals having their own convalescent institutions in the country, or at the seaside, to which patients in need of such change may be sent. It would indeed be well if every hospital had its convalescent institution, or cottage hospital, as a branch. Of course this would require more money. But what may be effected by individual exertion has recently been detailed by Mrs. Black, in a paper published in the *Queen*, and entitled "How I began my Cottage Hospital in 1872," at Northam, Southampton. Meeting with a diseased person, Mrs. Black collected a sum of money sufficient to support him and his family for four months, during which period a cure was effected. Many similar cases then applied, and a room was hired at 6d. per hour. But ever-increasing numbers soon outgrew the tiny room, and funds coming in justified the renting of a small house in 1874. In 1880 a house was purchased, which is now the permanent St. Mary's Cottage Hospital. The annual report, dated October, 1890, shows 374 patients cured, and 159 remaining under treatment; the expenditure being £335. For 14s. per week one patient can be received, boarded and treated. Mrs. Black acknowledges the services

of the surgeons, Dr. F. Hall and Dr. H. Hall, "who, amidst a large practice, most philanthropically attend."

"The poor ye have always with you" was said two thousand years ago. Time was when the richer classes took little more interest in, and had little more in common with, the poorer classes than if they had been an inferior order of beings. And it is even now easy to bear the ills of others with fortitude. Even now many are not sufficiently alive to the enormous and incomparable evils arising from sickness and its too frequent result—poverty. The workman toils on as long as strength permits. At last some organ gives way, and the unfortunate sufferer is unable to work. As a consequence, the wife and family are often reduced to starvation. There are many ways of doing good with money. But we can scarcely imagine a better method than seconding the endeavours of hospital physicians and surgeons in the cure and relief of disease. And this notwithstanding the admission that the hospitals are oftentimes resorted to by those who should not receive aid from such institutions. The rich have not only the inducement to give which comes of the pleasure of giving, but they have a direct interest in the support of hospitals. For hospitals are schools of education of the rising generation of practitioners, and of extended experience of the present generation. When overtaken by sickness the rich will be probably attended by the one, and their children by the other class. Not only the sick poor, but the sick rich, constantly benefit from the teachings of hospitals. In conclusion, it may be remarked that all information about existing hospitals is contained in the "Hospital Annual," edited by Mr. Burdett.

WILLIAM MOORE.



#### ART. VI.—THE LATE HERO-WORSHIP OF DR. NEWMAN IN ITS CONSEQUENCES.

THE cultus of Cardinal Newman that was exhibited in England six months ago is undoubtedly a remarkable phenomenon, which deserves to be carefully examined. Our cousins on the other side of the Atlantic were astonished by it, by its fervency, by its permanence, and by its universality. Was it creditable or discreditable to the English Church and nation?

The first thing that strikes us about it is its generosity. For the last half of his life Dr. Newman had been assailing the Church of England with insults and disingenuous argu-