Remarks

FUNCTIONS OF AN OUT-PATIENT DEPARTMENT.

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

BY WILLIAM OSLER, M.D., F.R.S.,

REGIUS PROFESSOR OF MEDICINE, OXFORD.

For many years I have haunted the out patient departments of the general hospitals with which I have been connected, baving 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 rellef. In the first place the accident, the sudden illness on the street, the emergency case of what-ever 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 privilges 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 falfils 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 outpatient 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 fall 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 yourg, 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

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

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 are the policyte in their

ample provision for your medical students in the outpatient 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 dld not expect to find the department that we open to-day perfect in every respect, and I fall 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 yourg, 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.

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 diffi-culties. 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 appendicatis, 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

1