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AMBULANCE CASES DISPOSAL COMMITTEE.

REPORT

OF A

SPECIAL COMMITTEE

OF

KING EDWARD'S HOSPITAL FUND FOR LONDON.

WITH APPENDICES.

MARCH, 1924.

LONDON:
PRINTED AND PUBLISHED FOR THE KING EDWARD'S HOSPITAL FUND FOR LONDON
BY GEO. BARBER, 23 FURNIVAL STREET, HOLBORN, E.C.4.

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EXTRACT FROM MINUTES OF GENERAL COUNCIL.

AT a MEETING of the President and General Council held at ST. JAMES'S PALACE on MONDAY, JUNE 4, 1923, H.R.H. The PRINCE of WALES, President, in the Chair,

The Chairman of the Management Committee, LORD STUART of WORTLEY, presented the following Report of the Committee, and moved the recommendation in paragraph 4 :—

HOSPITAL ACCOMMODATION FOR ACCIDENT CASES.

1. On March 24, 1923, the Voluntary Hospitals Commission wrote to the King's Fund, referring to a question and answer given in the House of Commons on Wednesday, March 21, on the subject of hospital accommodation for accident cases, and asking that the King's Fund, as the Voluntary Hospitals Committee for London, would take the matter into their consideration in conjunction with the local Voluntary Hospitals Committees surrounding the Metropolitan area, and furnish the Commission with the result of their consideration.

2. The particular questions which the King's Fund is asked to take up are :—

(*a*) The sending of accident cases from one Hospital to another owing to the absence of vacant beds ;

(*b*) The proposal to remedy this by keeping the Police and Ambulance Authorities supplied with daily reports of vacant beds.

3. His Royal Highness the President, having considered a resolution of the Management Committee on the subject, has constituted a Special Committee of Inquiry, to be called the "Ambulance Cases Disposal Committee," and has appointed the following to be members thereof:—

Sir William Collins (Chairman).	Sir George Makins.
Viscount Hambleden.	Sir John Rose Bradford.
Lady Ampthill.	Mr. Leonard L. Cohen.
Lord Stanmore.	

4. The Management Committee accordingly recommend that the General Council should pass the following resolution delegating powers to this Committee, viz. :—

That, until the Council shall otherwise direct, the Ambulance Cases Disposal Committee shall have the powers of the General Council with respect to the following matters, that is to say—

To inquire and report to the President and General Council on the methods at present employed for ascertaining where bed accommodation is available at Hospitals in the Metropolitan and neighbouring areas for accident cases requiring admission ; and on the proposal that daily reports of vacant beds should be supplied to the Police and Ambulance Authorities ; and to make such consequential recommendations as they may consider desirable ;

and such powers are hereby delegated to them.

For the Management Committee,

STUART OF WORTLEY,
Chairman.

May 8, 1923.

The recommendation, having been seconded by Lord Marshall, was carried unanimously.

KING EDWARD'S HOSPITAL FUND

AMBULANCE CASES DISPOSAL COMMITTEE REPORT.

1. We were appointed in June, 1923, by H.R.H. the Prince of Wales, President of the King Edward's Hospital Fund for London, to be a Special Committee, the following being the reference :—

"To inquire and report to the President and General Council on the methods at "present employed for ascertaining where bed accommodation is available at hospitals "in the metropolitan and neighbouring areas for accident cases requiring admission, "and on the proposal that daily reports of vacant beds should be supplied to the Police "and Ambulance authorities, and to make such consequential recommendations as they "may consider desirable."

SCOPE OF ENQUIRY.

2. We have held 8 meetings and examined 12 witnesses, representative of the London Ambulance Service of the London County Council, of several of the Voluntary Hospitals, of the Ministry of Health, of the Metropolitan Police, and of the Poor Law Infirmaries. Announcement was made in the press of the appointment of this Committee and of the nature of the inquiry. At an early meeting of the Committee we were informed that the Ministry of Health were considering the question of the Ambulance Services for London, and that they were summoning an informal Conference at the Ministry at which the attendance of a representative of the King's Fund was invited. At the Conference, which was held at the Ministry on July 17th, under the Presidency of Lord Eustace Percy, and at which our Chairman represented the King's Fund, it was made clear that the action of the Ministry was in no way intended to supersede the inquiry upon which the King's Fund had embarked, which inquiry had, indeed, been undertaken at the request of the Ministry conveyed through the Voluntary Hospitals Commission. (*See* Appendix II.)

3. Lord Eustace Percy, on behalf of the Ministry of Health, expressed the desire that this Committee would prosecute its inquiry and furnish a copy of its report to the Ministry; moreover, he intimated that it was desirable that the scope of the inquiry should include the Poor Law Infirmaries, by many of which accident cases are received, either directly, or subsequently to their conveyance to a Voluntary Hospital.

4. We addressed questionnaires (copies of which will be found in Appendices XI and XII) :

To all Voluntary Hospitals receiving cases of accident or sudden illness situate within a nine- mile radius from Charing Cross, or within the County of London, being the area over which the King's Fund operates ;

To all the Metropolitan Poor Law Infirmaries ;

To Voluntary Hospitals outside the nine-mile radius, but within the adjacent parts of "Police London," including the County of Middlesex and portions of Surrey, Essex, Kent and Hertfordshire ;

To Poor Law Infirmaries outside the County of London but within the adjacent parts of "Police London."

5. In the case of Extra-Metropolitan Voluntary Hospitals and Infirmaries, we addressed ourselves in the first instance, as suggested by the Voluntary Hospitals Commission, to the Local Voluntary Hospitals Committees of the Counties concerned, indicating the institutions within their respective areas in regard to which we desired information. In the case of Kent and Surrey, the Voluntary Hospitals Committees issued the questionnaires ; in the case of the other Counties and at the desire of the Voluntary Hospitals Committees we communicated direct with the Hospitals and Boards of Guardians.

6. Summaries of the replies to the questionnaires will be found in Appendices XIII and XIV.

7. We also received information by letter from the City Police, the Metropolitan Asylums Board, the St. John's Ambulance Society, and the Home Service Ambulance Committee of the Joint Council of the Order of St. John and the British Red Cross Society.

Of these, the City Police and the Metropolitan Asylums Board proved to be the only ones concerned with the subject-matter of our inquiry, and their replies are printed as Appendices III and IV.

8. We have assumed that the term "accident cases," used in our reference, includes cases of illness as well as "accident," and we have directed our attention more especially to cases of accident or illness (other than infectious diseases) occurring in streets or public places, with which "the Police and Ambulance Authorities," mentioned in our reference, are mostly concerned.

9. Our reference, strictly interpreted, might be held to include merely inquiry as to the present method of ascertaining where beds are available for accident cases, and as to the desirability of communicating daily to the Police and Ambulance authorities the accommodation available for such cases. We have, however, felt it incumbent upon us to acquaint ourselves fully with the various methods and agencies at present engaged in dealing with cases of accident or illness (more especially those occurring in streets and public places) from the time of their occurrence until their reception for appropriate treatment in an institution available and suitable for such purpose.

10. In some cases, of course, the patient is removed to his own home, and we have also incidentally had brought to our notice the question of removal from private houses, as well as from public places, of persons suffering from accident or illness necessitating their transport to some institution for treatment.

ABSTRACT OF EVIDENCE.

11. Mr. Dyer, chief officer of the Fire Brigade, who is in charge of the L.C.C. Ambulance Service, and Captain Cutbush, the deputy officer of the Ambulance Service, attended, and informed us that the Ambulance Service of the L.C.C. was established in 1915 under
7 powers conferred by the Metropolitan Ambulances Act of 1909, for the conveyance of persons
9 suffering from accident or sudden illness from the streets or public places to Hospitals,
77-8 Infirmaries or their homes. Cases of accident and urgent medical cases occurring in private
10 houses are also dealt with. By an arrangement entered into in 1918, cases of removal of non-infectious illness, where there is no urgency, and cases of infectious disease are dealt with by the Metropolitan Asylums Board, while the St. John's Ambulance Brigade devotes itself to first-aid cases arising out of public processions, ceremonials, etc. The L.C.C. has seven
16 ambulance stations in commission, and with three additional ones to be opened this year it is
13 believed the county will be adequately provided.* The number of calls, which in 1915 were 2,504, had increased to 24,626 in the year ending March, 1923. Practically all calls are received
15 at the Headquarters at Southwark through the London telephone service, and 72 per cent. are made by the Metropolitan Police. The general practice of the service is to convey the patient
17 to the nearest institution where skilled medical aid is available, Hospitals and Infirmaries being regarded as on the same footing. Certain reservations or special directions are given in the
19 "Service Orders" in regard to several Hospitals and Infirmaries. Directly the patient is deposited at the institution the ambulance returns to its station. The instructions are to take
20 the case to the nearest institution; if the patient cannot be retained there the practice is for the institution to arrange for the patient to be accommodated elsewhere, and it is the rule of
20 the L.C.C., if a request for removal is made within 24 hours of the deposit of the case, for an L.C.C. ambulance to make the transfer. Such removals in 1923 were 14 per cent. of the total calls. This practice was adopted by the Council because they considered the duty of the Ambulance Authority was not fulfilled until the patient is deposited at a place where
33 bed accommodation is available, and because, if such practice did not obtain, unnecessary delay might ensue and the patient be retained in the ambulance pending the finding of
34 accommodation. No charge is made for the use of the L.C.C. ambulances. The average time
64 between the receipt of the call and the arrival of the patient at an institution in 25,000 cases was
63 nine minutes. The ambulance attendants are trained in and administer first-aid, and, although
79-81 the rule is to take the case to the nearest institution where medical attendance is available, they sometimes have to exercise a certain amount of discretion in deciding which institution the patient should be taken to. Some Poor Law Infirmaries do not accept a patient unless he

* We have since been informed that a fourth new station is to be established, making eleven in all.

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resides within the parish; others will not do so if the accident occurred outside the parish; others, again, will not accept any but very serious cases. No refusal or delay in the reception of a patient in the first instance has been experienced at a Voluntary Hospital. The co-operation of the Service with the Police and the Hospitals works smoothly. Mr. Dyer said it would greatly facilitate the work if they were "able to take patients to any "available Infirmary or Hospital immediately in the neighbourhood of the accident, and "simply leave them there to get medical attention." As regards the proposal that daily reports of vacant beds should be supplied to the Police and Ambulance authorities, the Committee of the L.C.C. regard it as impracticable, as entailing communication daily, or oftener, with some 80 institutions, and as possibly involving passing a Hospital close to the accident where no vacancy was notified, and transport of the patient to a more distant institution, thus imposing undue responsibility on the ambulance attendant; moreover, any such list of vacancies would or might, in a very short time, become incorrect by reason of admissions. It is nevertheless the case that this practice has been carried out for some years at three small Hospitals, but it is not thought to have been of real service.

12. Mr. Watford, the senior ambulance attendant in the L.C.C. service, and now attached to the Elephant and Castle Station, said the ambulance attendant decides whither the patient is to be taken. He had never found difficulty in getting immediate treatment at Hospitals, but at Infirmaries sometimes a question may be raised as to where the patient lives. This has occurred at Camberwell, and formerly, but not recently, at Lambeth. At some Infirmaries there is sometimes delay in getting the patient seen. In the event of a case at Croydon or Tottenham requiring removal into London, the ambulance meets the case by arrangement at the County boundary. Minor cases are taken to Hospitals rather than to Infirmaries. He had never known a serious case refused at a Hospital, nor at an Infirmary though they might make trouble afterwards; there is no trouble whatever at Hospitals. The practice obtaining at the Battersea, Weir and Bolingbroke Hospitals of notifying vacant beds is not found helpful for emergency work.

13. Mr. Eason, Superintendent of Guy's Hospital, stated that 57 beds are there put aside for accident cases, and there is nearly always accommodation in the accident wards for cases which arise. The accident ward was full only on seven days in 1922. Of 2,057 cases brought to the Hospital in ambulances in the year, 1,233, or 60 per cent., were sent home, the injury being trivial, 650 were admitted, and 174 sent to an Infirmary. A small proportion only of the latter were so sent owing to lack of accommodation, most of them being cases "not deemed eligible for hospital treatment, bearing in mind that a hospital which is a medical school does not want to fill its wards with chronic or incurable cases." The arrival of the ambulance is generally the first intimation received by the Hospital that an accident case is being brought. In the rare instances when a bed is not available for eligible cases, telephonic inquiry is made to St. Thomas's, St. Bartholomew's, the Miller, the London, or St. John's (Lewisham) Hospital with a view to securing admission. Complaints of delay in admission or of suffering caused by delayed admission are rare, but the Hospital sending the case away is not likely to hear of any untoward result in consequence of non-admission or sending on. Difficulty is sometimes experienced with Boards of Guardians by reason of patients being sent to the Infirmary or parish in which they do not reside, and it would be advantageous if every Poor Law Infirmary in London were available for the immediate reception of accident and urgent cases, irrespective of residence. It is doubtful whether the daily notification of vacant beds would be of any service to the Ambulance Authority, and it would be difficult to furnish any information that would remain accurate for any length of time.

14. Mr. G. Panter, secretary to the Royal Northern Hospital, who was accompanied by Dr. D. H. Saunders, who had acted as casualty officer at that Hospital, stated that in the year 1922 between 75 and 80 cases requiring hospital treatment could not be admitted at the Royal Northern Hospital owing to there being no vacant beds. Some 14 additional casualty beds were in course of being provided. If unable to make extra beds for cases requiring admission first-aid is rendered, and the nearest Voluntary Hospitals are asked by telephone if they can accommodate the cases; if they are unable to admit, application is made to the nearest Infirmary. The Hospital receives patients from an area of some 70 square miles, and a large number of cases are received from outside the county. The proposal to make daily notification of vacant beds would not help matters: an ample supply of casualty and observation beds is the real remedy. The L.C.C.

Ambulance Service works efficiently, and police-wheeled litters are practically never used now.

516 15. Mr. Roberts, casualty officer of Charing Cross Hospital, to which 980 cases were conveyed by L.C.C. ambulances in the year ending March, 1923, said there were four beds in a small ward attached to the casualty department. If no beds are available it is the practice to communicate with the Relieving Officer before transferring the patient to the Westminster Infirmary at Fulham; this sometimes means a few hours' delay, and the L.C.C. ambulance has to go away and return for the removal. Many cases brought by ambulance do not require in-patient treatment. To a certain extent cases are selected for teaching purposes.

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16. Dr. H. Gainsborough, Assistant Physician and, until recently, Senior Resident Medical Officer to St. George's Hospital, said that there are 340 beds at the Hospital, 36 are for accidents, and the daily average number of vacant beds for accident cases was four. He had never known cases for which bed accommodation was advisable refused admission or sent to an Infirmary. He did not think daily notification of vacant beds would be effective, but the number of vacant beds might be recorded in the porter's lodge and the information supplied to the Ambulance Authority should they inquire by telephone.

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17. Mr. F. Briant, M.P. for North Lambeth, who had raised in the House of Commons, on March 21, 1923, the question of dealing with ambulance cases, stated that the Lambeth Board of Guardians, of which he has been a member for 25 years, had made representations to the L.C.C. with regard to better co-operation as regards institutional accommodation. He stated that many cases were brought to the Lambeth Infirmary which had been previously refused admission to Hospital. Though in some cases first-aid may have been given, unnecessary suffering would result from delay and transference. Unlike a Hospital, an Infirmary has to take in a case of sudden and urgent necessity; any question of chargeability can wait. He cited certain cases in which he considered patients had suffered by not having been taken in the first instance to an institution where they could have been received. He suggested that Metropolitan Infirmaries should be as available for cases of serious street accident as Hospitals, and that the Ambulance Authority should take the case to the nearest available institution, whether it be a Hospital or an Infirmary. He urged that more beds should be provided in Hospitals for accident cases. It would be unfortunate if the impression got abroad that Hospitals were unable or unwilling to receive such cases. He was in favour of daily notification of vacant beds in Hospitals to the Ambulance Stations.

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18. Dr. A. L. Baly, Medical Superintendent of the Lambeth Infirmary, which has 1,500 beds, stated that in the year 1922 just over 500 cases were brought to its doors by the L.C.C. ambulances. Of 56 such cases brought in September, 1923, 34 were admitted and the remainder sent home. The pressure on bed accommodation undergoes seasonal variation, and wards are sometimes overcrowded. Ambulance cases are never sent on to another institution, though cases are frequently received at Lambeth from other institutions. Under orders issued by the Local Government Board "in any case of sudden or urgent necessity the Medical Officer may "admit a person into the Infirmary without an order signed by the Relieving Officer or Clerk "to the Guardians." Dr. Baly holds that "if serious accident cases are brought to the "Infirmary, the Guardians must provide all that is necessary for their treatment." Cases are sent to the Lambeth Infirmary from St. Thomas's Hospital and King's College Hospital. Dr. Baly cited cases which, in his opinion, were prejudiced or occasioned unnecessary suffering by being first taken to Hospital and then transferred to the Infirmary. The Guardians of Lambeth represented to the L.C.C. the undesirability of taking cases of accident occurring in proximity to the Infirmary to St. Thomas's Hospital instead of to the Infirmary. [The specific cases which Dr. Baly and Mr. Briant considered were prejudiced by being taken first to Hospital and transferred to the Infirmary, instead of being taken direct to the latter, are dealt with later on.] A census taken recently in the Lambeth Infirmary showed that there were 40 patients brought there by L.C.C. Ambulances, ten of whom did not belong to Lambeth; eight were forwarded from one of the General Hospitals. Of these three were suffering from fractured femur, one from concussion, one from heart failure, one from injury to the knee, one was a case of insanity, and one of cerebral hæmorrhage. Questions of residence arise in the case of Infirmaries. Unless a case brought to the doors of the Infirmary is deemed by the Medical Officer to be one of sudden and urgent necessity there is no authority to receive a case not properly chargeable to the parish to which the Infirmary belongs. The charge for street casualties should be on the whole of London, and not on the parish which

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App. IX.
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462–464 receives them. The L.C.C. should not encourage removal of cases from Hospitals to which they have in the first instance been taken to other institutions. Dr. Baly considered the daily
468 notification of vacant beds to the Ambulance Authorities an impracticable suggestion—but
470 Hospitals having no available beds might notify that "no further cases should be brought."
485–490 Lambeth Infirmary is fully equipped to deal with any serious street accidents; all other
471–477 Metropolitan Infirmaries may not at present be similarly equipped. The Infirmaries are
480 compelled to take such cases in and must be prepared to give them proper treatment. All street
507 accidents should be taken to the nearest institution, voluntary or Poor Law, able to guarantee
471, 482 that those requiring admission shall be admitted. The Police would take a case to a Hospital in preference to an Infirmary if they knew that the case was not going to be sent on to the
497 Infirmary afterwards.

19. Superintendent Arthur Bassom, Traffic Adviser to the Metropolitan Police, stated that
355 the cases dealt with by the Police were mostly street accidents, though they would not refuse to assist in cases occurring in docks, railway-yards, warehouses or private premises. General Orders issued to the Force direct that the first consideration is to obtain medical
359 aid for the sufferer. In inner London where an ambulance is close at hand and Hospitals accessible prompt removal to the latter by ambulance is the safest course. In outer districts, it may
363 be desirable to summon the nearest medical man and await his arrival before removing the patient. First-aid is to be rendered and crowding around the injured person prevented. For removal, an ambulance is preferable, but occasionally the use of a cab or other vehicle may be expedient, but not in cases of head or internal injury or fracture of the leg. "In the event "of the Hospital Authorities refusing admission, a patient must be removed to the Infirmary "of the Parish in which found." The telephone, if available, should be used for summoning an ambulance. The Police facilitate the passage of the motor ambulance in the traffic. They inform the relatives or friends of the accident and the institution to which the injured person
401 is taken, but do not usually, except in cases where the patient is unconscious, accompany him to the Hospital. The Police have some hundreds of wheel-litters, but these are less used since
369–373 the L.C.C. Motor Ambulance Service has been organised. The L.C.C. Service and the City
375–6 Service and Police co-operate without difficulty with the Metropolitan Police. The area of the latter has a radius of some 15 miles from Charing Cross; the area outside the County of
379 London is less well supplied with ambulances than that within, and that question is under
377 consideration with the Ministry of Health. The Police do not consider that the daily notification
385 of vacant beds to the 200 odd Police Stations would serve a useful purpose. Prompt conveyance of the injured person to the nearest institution where he can receive skilled aid is the object
390-394 kept in view. More than 15,000 cases of accident and nearly 8,000 cases of illness were dealt with by the Metropolitan Police in the year ending December 31st, 1922. With the extension of the L.C.C. Motor Ambulance Service, the County area would be adequately provided for,
398–400 but co-ordination of Ambulance Services is required in the area outside the County.

655 20. Mr. J. S. Oxley, Chief Metropolitan Inspector of the Ministry of Health, informed us that
676 "it is not lawful for any Poor Law Authority to admit into an institution as patients persons "who are not destitute within the meaning of the Statutes." . . . . "The Guardians "are entrusted with the task of deciding upon the evidence before them whether a particular "person whose case is under consideration is destitute or not," and "a person who is not "destitute in the sense that he is entirely devoid of the means of subsistence, may yet be "destitute in 'that he is unable to provide for himself the particular form of medical attendance
677 "'or treatment of which he is in urgent need.'" In that sense a millionaire may be destitute.
678-9 Under a General Consolidated Order it is the duty of Relieving Officers and Heads of Institutions, irrespective of Guardians, to admit cases of sudden illness or urgent necessity.
680 In case of sudden or urgent necessity, the Superintendent of the Infirmary not only has the
680–688 power, but the obligation to admit. After treatment in Hospital, if the case be no longer one of sudden or urgent necessity, the order of a relieving officer may be required and financial questions as to residence may come in. A case of serious street accident, if sudden and
689 urgent, would not be refused admission by an Infirmary. Not all Infirmaries in London are
691 equally well equipped for dealing with street accidents; some of the older ones have not got
693–695 receiving accommodation. The divergence of practice in different Infirmaries in regard to
696–701 taking in cases of street accidents might be obviated if there were power to charge the proper allowance in respect of such cases. Admission to an Infirmary implies pauperisation technically,

705–707 the only resultant disqualification now being ineligibility to be a Guardian or Councillor.

710 21. In 1916, the Local Government Board laid it down that when a Hospital desires the removal of a destitute in-patient to an Infirmary, communication should be made to the Union in which the patient resided. In cases where communication cannot be effected, or in extreme urgency, application should be made to the Union in which the Hospital is situated. Responsibility for removal should rest with the Hospital.

METHODS AT PRESENT EMPLOYED.

22. As regards the first portion of our reference, viz., "the methods at present employed for "ascertaining where bed accommodation is available," the subject falls into four parts, the procedure of the ambulance authorities on leaving the scene of the accident, the procedure on arriving at a Voluntary Hospital, the procedure at a Poor Law Infirmary, and the procedure for removing patients when necessary from one institution to another.

Procedure of Ambulance Attendants.

23. The evidence and information received show that speaking generally there is no intimation that an accident case requiring admission is being conveyed to an institution

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37 prior to its arrival thereat. The L.C.C. ambulance attendants, by whom most of the cases are conveyed, are instructed that their first duty, after rendering the necessary first-aid, is "to procure for the casualty skilled medical attention at the earliest possible "moment, and this is done by transporting the casualty to the nearest Hospital or similar "Institution where a medical officer is available." In the "Service Orders" to the ambulance attendants (*see* Appendix VI) it is laid down that "it is to be distinctly understood

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38 "that for the purposes of removing street accident or street illness cases, Hospitals and "Infirmaries are on the same footing, *i.e.*, the institution to which the case is removed should "be determined by the locality from which the case of injury or illness is taken." This Order is, however, subject to provisions or reservations in the case of 30 (11 Hospitals and 19 Infirmaries) out of about 80 Institutions to which cases of the kind are taken. These provisions or reservations appear to involve a lack of uniformity in procedure, although an experienced ambulance attendant, familiar with the locality and Institutions with which his station is associated, does not seem to encounter much difficulty in actual practice.

App. III. The City Police ambulances take their cases to St. Bartholomew's the London and Guy's Hospitals, according to which is nearest to the place where the casualty arises, and it is stated that no difficulty has been experienced as to cases requiring to be admitted. The number of cases taken to these Hospitals by the City Police ambulances in 1922 was 2,054.

Procedure at Voluntary Hospitals.

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641–5 24. So far as emergency treatment is concerned there appears to be no difficulty or delay in the case of a Voluntary Hospital. A large proportion of ambulance cases,

143 405–6 variously estimated at from 40 to 85 per cent., do not require in-patient treatment.

537, App. III. It is only in connection with cases requiring bed accommodation that difficulty may arise. It is the practice in most of the larger Hospitals to allocate special beds or wards to accident cases, as will be seen in column 3 of Appendix XIII. If the Hospital be full, endeavour

291 is usually made to accommodate a serious case somehow. Nevertheless, nearly all sometimes have occasion, after administering emergency treatment, to send patients requiring in-patient treatment to other institutions, either to another Voluntary Hospital or to a Poor Law Infirmary

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530–33 —the reasons assigned for such transfer being either that no bed is available, or that the patient is deemed unsuitable for retention in a Voluntary Hospital.

Procedure at Infirmaries.

25. At Poor Law Infirmaries the question assumes a rather different form. As indicated above, the provisions and reservations mentioned in "the Service Orders" chiefly relate to Infirmaries, now often spoken of as Hospitals, and result from the lack of uniformity of procedure at different Institutions. From the evidence received and replies to the questions we have addressed to the Guardians, answered in some cases by the Medical Superintendents and in others by the Clerk, we gather that no urgent case is ever sent away on the ground of there being no vacant bed, but that cases are not infrequently refused admission—

(i) If the patient does not reside in the Parish to which the Infirmary is attached.

(ii) If the site of the accident was not within the Parish.

(iii) If, in case of transfer from Hospital, the Hospital is not within the Parish.

(iv) If an Order from the Relieving Officer of the Union had not been previously obtained.

26. Even as regards emergency treatment, not all Infirmaries are staffed or equipped so as to deal with street accident cases as a Hospital casualty department should be able to do.

27. Refusal of some cases at some Infirmaries would probably be more frequent were it not for the fact that the ambulance attendants know the practice of each Infirmary and act accordingly.

28. We have been reminded by several of the Poor Law Authorities that their provision is primarily intended for the "destitute" of their own Parish. Mr. Oxley, Chief Metropolitan Inspector of the Ministry of Health, explained, however, that "destitute" is held to mean "unable to provide for himself the particular form of medical attendance or treatment of which he is in urgent need." Moreover, if a case be "sudden and "urgent" within the discretion of the Medical Superintendent, such case may be admitted to an Infirmary, irrespective of residence, and without awaiting an order from the Relieving Officer. There is, however, diversity of practice in regard to such cases at different Infirmaries. At Lambeth the present practice is to admit any serious case of accident or illness brought thither direct, no matter where the patient's residence may be. Some Infirmaries are not well equipped for dealing with such cases, and, in the opinion of their Medical Superintendents, persons suffering from accident or sudden illness should in the first instance be taken to a Voluntary Hospital. If a patient has been received for treatment at a Voluntary Hospital, and it is deemed proper subsequently to remove the case to an Infirmary, the Ministry of Health advises that communication should be previously made with the Union in which the patient resided, and if that be impossible with the Union in which the Hospital is situated.

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Oxley (letter, App. X.)

29. It appears that by a General Consolidated Order issued by the Poor Law Board in 1847 (Article 208.1) it is prescribed that "The following shall be the duties of the Master : To "admit paupers into the workhouse in obedience to the Orders specified in Article 88, and also "every person applying for admission who may appear to him to require relief through any "sudden or urgent necessity, and to cause every pauper, upon admission, to be examined "by the Medical Officer, as is directed in Article 91.1."

30. As and when Infirmaries were built by the different Metropolitan Unions Special Orders were issued dealing *inter alia* with the admission of paupers, duties of the Medical Officers, etc., etc. The dates of issue of these Special Orders vary from 1871 in the case of Wandsworth to 1920 in the case of Hampstead. Each Special Order recites that "All provisions in any "orders issued by the Poor Law Board or the Local Government Board to the said Union, "which relate to indoor sick paupers, shall apply to the said Infirmary except in so far as they "may be inconsistent with this Order."

31. The Special Orders provide for admissions to the Infirmary upon an order signed by a Relieving Officer or by the Clerk to the Guardians. In several cases, however, amending Special Orders have been issued, as in the case of Hackney (1886), Paddington (1886), St. Olave's (1888), Shoreditch (1888), Lambeth (1890), dealing exclusively with "cases of sudden or urgent "necessity," which provide "that in any case of sudden or urgent necessity the Medical Officer "(or during his absence or inability to act, the Assistant Medical Officer) may admit a person "into the Infirmary without an order signed by the Relieving Officer or Clerk to the "Guardians as aforesaid; but a written report of every such admission shall be made "by the Medical Officer to the Guardians at their Ordinary Meeting next after the date of "such admission."

32. In the case of those Infirmaries in which the Special Order or Amending Order does not contain provision for admission other than by order of a Relieving Officer or the Clerk to the Guardians it has, we are informed, always been held that the power contained in the General Order of 1847 in regard to persons who may "require relief through any sudden or urgent "necessity" applies, the Medical Superintendent taking the place of the Master as head of the Institution.

33. The most recent of the Special Orders, that of St. John's, Hampstead, dated November 30, 1920, speaks of the institution provided by the Guardians as a "separate Poor Law Hospital." Article 4, dealing with the admission of patients, provides: "In any case of sudden or urgent "necessity, the Medical Superintendent (or during his absence or inability to act, an assistant "to the Medical Superintendent) may admit a poor person into the Hospital without an order. "A written notification of every such admission shall be made forthwith by the Medical "Superintendent to the Clerk, who shall report the case to the Relief Committee of the Guardians "at their Ordinary Meeting next after the date of admission."

34. The Ministry of Health have it in contemplation, we understand, to issue a new General Order which will rescind the existing Special Orders and provide for the admission to Infirmaries —without an order—by the Medical Superintendent in any case of sudden or urgent necessity. Such admissions are to be reported in writing with the grounds thereof to the Infirmary Committee at their next meeting.

35. The reluctance of some Boards of Guardians to receive extra-parochial patients is doubtless in part financial, and the present diversity of practice operates unfairly in the matter of chargeability to those Unions which admit irrespective of residence. It has been suggested 456–7 that if the charge for such cases were made a common metropolitan one, this objection to 700 greater uniformity of procedure would be minimised.

Transfer from one Institution to another.

36. Where cases require to be transferred from one Institution to another, it is the 20 practice of the L.C.C. Ambulance Service to undertake the removal of such cases 37 from the first Institution to which they were taken to another, on the responsibility of a Medical Officer, if the request is received within 24 hours from the deposit of the case. It will be convenient to speak of such cases as "Removals." In effecting such removals, the Ambulance Authority acts merely as the agent of the Hospital. No fewer than 3,316 cases were thus removed by the L.C.C. ambulances in the year ended 31 March 31, 1923, or 14 per cent. of the total calls; figures are not available to show the 20 number of cases in which patients were not accepted for emergency treatment at the first 23–25 Institution to which they were conveyed by the ambulance, but these are said to be "very "few indeed."

37. While it is undoubtedly the case that some Hospitals are not infrequently unable to admit casualty cases for whom in-patient treatment is necessary, owing to insufficient bed accommodation, the specific cases in which transfer of the patient to other Institutions is alleged to have caused unnecessary suffering or prejudiced the patient's condition are few.

38. Of the twelve Hospitals with medical schools, three state that they are aware of cases which have suffered as the result of delay in finding bed accommodation, while five specifically state that they know of no such cases. Of the ten larger General Hospitals without medical schools, one reports "frequent dissatisfaction," two are aware of cases of hardship or distress though with little injury or suffering, one reports one death through not telephoning, three consider evidence of any prejudice to injured persons to be slight, and two are unaware of any resultant ill consequences. Of the twelve smaller General Hospitals, only one reports evidence of any suffering owing to delay in securing admission.

39. Only two or three of the Infirmaries set aside special beds for accident cases. Such cases are accommodated in the ordinary wards, and no Infirmary reports that cases are ever sent away for want of beds. On the other hand, nearly every Infirmary from which we have received replies, whether in London or in the adjoining areas, reports that cases are brought to them from Voluntary Hospitals, and several of them add that such transfers are of frequent occurrence.

40. Of the 30 London Infirmaries, 16 state that they know of no cases in which suffering has resulted from delay in finding bed accommodation, though two of them believe such cases do occur. One holds there is prolongation of discomfort or pain, one states that in a small percentage of cases suffering ensues, another regards such cases as very few and quite exceptional. Hampstead replies affirmatively; St. Marylebone states that pretty often there is evidence of suffering owing to long distance traversed or the use of wheel-litters, and Lambeth cites the cases referred to by Dr. Baly.

DAILY NOTIFICATION OF VACANT BEDS TO POLICE AND AMBULANCE AUTHORITIES.

41. In regard to the proposal contained in the second part of our reference "that daily "reports of vacant beds should be supplied to the Police and Ambulance Authorities," the weight of evidence is adverse to the suggestion. The Committee of the L.C.C. which is responsible for the Ambulance Service consider it impracticable. The Metropolitan Police do not think it would serve any useful purpose. Not one of the 22 larger London General Hospitals which replied to our *questionnaire* considered that, even if it were practicable, it would be of any real value. Not more than two or three of the 29 London Infirmaries spoke favourably of the suggestion. Only one witness who appeared before us advocated the daily notification of vacant beds, viz. Mr. Briant, M.P., who spoke with special knowledge of Lambeth; whereas Dr. Baly, the Medical Superintendent of Lambeth Infirmary, deemed the proposal impracticable, though he suggested that Hospitals which had no vacant beds could and should notify their inability to take cases.

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42. The reasons adduced against the adoption of the daily notification of vacant beds to the Police and Ambulance Authorities were :—

(i) That such list would rapidly become obsolete by reason of admissions after the information was supplied.

(ii) That, if the ambulance attendant were to be guided by such information, it might result in his having to take the responsibility of conveying a bad street accident past the door of an institution close at hand, where treatment would be available, although no empty beds had been reported, in order to reach a more distant one at which beds were stated to be available. And, further, that the nearest Hospital, though not in a position to guarantee beforehand that there would be a vacant bed, irrespective of the class of case, might, nevertheless, find means of taking in an urgent case if brought to the door.

(iii) That the time and trouble involved in collecting and conveying the information from some 80 or more institutions to the Police and Ambulance Authorities on the one hand, and distributing it to the different stations and individual constables on the other, would not be balanced by any real advantage.

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43. It is true that, in the case of three of the smaller Hospitals in South London, the L.C.C. has for some years received daily notification of vacant beds, but this does not appear to have been really helpful. It has been suggested that, if and when possible, inquiry should be made by telephone of a Hospital whether a bed is available before a case is taken to it; and again, that when there is no vacant bed at a Hospital, the Ambulance Authorities might be so informed by telephone. Inasmuch as it is the practice at most Hospitals to endeavour to "make a bed" for an urgent case, even though the wards are full, it may be doubted whether the adoption of either of these suggestions would be really for the advantage of the patient.

CONSIDERATION OF OTHER ALTERNATIVES.

44. The object to be aimed at is to secure that a person suffering from accident or sudden illness in the street or public place should be promptly transported in a suitable conveyance to the nearest institution at which he can receive appropriate treatment, and be there retained until he can be safely removed or discharged.

45. If we were engaged in planning an ideal arrangement for an urban community in which no previous provision existed, a scheme of suitably located casualty clearing stations adequately staffed might be devised, with motor ambulances, summonable by telephone, attached thereto, and equipped with a sufficient supply of casualty and observation beds.

46. We have, however, to deal with a complicated state of things in which Voluntary Hospitals and Poor Law Infirmaries, unsystematically scattered over the metropolis, receive, under different regulations or practice, cases of accident and illness occurring in streets and public places, generally handled in the first instance by the Police controlled by the Home Secretary, and mostly conveyed by a municipal Ambulance Service. The case is further complicated by diversity of practice obtaining in regard to such cases in Poor Law Infirmaries, by there being more than one Ambulance Service within the County, and by the area of Police London covering portions of Middlesex, Surrey, Kent, Essex and Hertfordshire outside the area of the County of London.

47. Although our reference only envisages such casualties as require bed accommodation, it must be borne in mind that many cases of street accident or illness, even though conveyed to an institution by ambulance, are found, after proper investigation and treatment, not to require admission as in-patients. A large number can return home and some of them are suitably treated as out-patients or in the casualty rooms of Hospitals. For such minor cases treatment at a Hospital is generally regarded as more appropriate than at an Infirmary. Much, of course, depends on the careful and skilled examination of the patient with a view to determine whether he should return home, attend as an out-patient, or be admitted to a bed. Apart from any question as to residence or site of the accident it appears that not all the Poor Law Infirmaries can be deemed to be suitable either for the out-patient treatment of minor cases or for proper diagnosis and discrimination as to how the injured or sick person should be dealt with. Thus while beds may always be available at Poor Law Infirmaries, the facilities for emergency treatment and for the appropriate sorting and disposal of the cases are more likely to be provided at the General Hospitals, even though there may not always be vacant beds available therein.

48. The question of the part which the Poor Law Infirmaries should play in dealing with cases of street accidents and sudden illness is but part of the larger question of the relationship to be observed between these rate-supported institutions and the Voluntary Hospitals. This larger aspect of the question is, of course, outside the reference to this Committee. The matter had been referred to in paragraphs 20 and 22 of the Report of the Executive Committee to the President and Council of the King's Fund of January 17, 1921, on the principles of policy for the preservation of the Voluntary System, and was dealt with suggestively in the Report of the Cave Committee of May 31, 1921. Moreover, the Hospital Economy Committee of the King's Fund was on February 1, 1922, instructed " to consider and report " how best to connect and utilise the vacant accommodation and service of the Poor Law " Infirmaries within the area of the Fund for the general purpose of Hospital work." This Committee reported in June, 1923, that information received from the Voluntary Hospitals Commission indicated that the margin of bed accommodation in the London Infirmaries was not as considerable as had been represented by previous statements, that in fact it was " very " small," and that the statistics " do not show any large percentage of available accommodation " in Poor Law Infirmaries in London."

49. The evidence indicates that patients after emergency-treatment or after a few days in-patient treatment are not infrequently removed from a Voluntary Hospital to an Infirmary, not because of an actual shortage of beds, but because the nature of the case or the duration of the treatment required is such as to render the patient more suitable for Infirmary than for Hospital treatment. Sometimes but little skilled surgical or medical treatment is needed, though, if removed home, the patient would be destitute of proper nourishment and without the nursing and other resources which an Infirmary can well supply. Sometimes mental symptoms may supervene for which Infirmary or asylum treatment may be more suitable. Cases such as simple fractures of the lower extremity, after receiving proper surgical treatment, could be suitably cared for at an Infirmary. Their retention might exclude the admission of others for whom the equipment available at a Hospital is essential. So to retain them would not be putting the services of a Hospital to the best use. While, therefore, our inquiry has served to show that some Hospitals are insufficiently provided with in-patient accommodation for street casualties, it must not be assumed that, even if all General Hospitals were provided with an adequate supply of emergency beds, all occasion for removal of patients from Hospitals to Infirmaries would disappear. If the Voluntary Hospitals were to become less prepared or less inclined to receive street accident cases, and if the practice of taking such cases direct to Infirmaries were to become general, we do not think such change would be advantageous to the patients, and we feel sure it would operate unfavourably to the Hospitals. We agree with Mr. Briant that it would be unfortunate if the impression got abroad that the Hospitals were unable or unwilling to receive such cases.

50. A Departmental Committee appointed by the Home Office in 1906 to inquire as to the provision made for dealing " with cases of accident and sudden illness occurring in " streets and public places within the metropolis " (Cd. 4563) reported that at that time the number of accidents occurring in the streets of London is increasing rapidly." In 1907, 17,065 cases of personal injury were reported by the Police, of which 283 were fatal. In 1922

the figures were 25,547 persons injured and 675 killed. It is doubtful whether the provision of beds for accident cases in the London Voluntary Hospitals has been proportionately increased. The total number of beds available in the 113 London Hospitals making returns to the King's Fund has remained practically stationary during the last three years. It may well be that an increased tendency for street accident cases to be diverted to Poor Law Infirmaries may be in part attributable to this cause.

51. It is not easy to arrive at a standard figure of the proportion of beds in a General Hospital which should be devoted to accident cases. From returns we have received, it would appear that among the twelve Hospitals with medical schools there are some which devote 10 per cent. of their total beds to such cases, while others show a smaller ratio; in the larger and smaller General Hospitals without medical schools the proportion of beds devoted to street accidents would appear to be in most cases smaller still. There is doubtless some variation in the mode of making these returns, and the situation of the Hospital may well influence the ratio of serious accident cases admitted thereto.

52. Not less important than the definite allotment of a due proportion of beds for accidents is the due provision of observation beds, or beds attached or adjacent to the Casualty Department, where patients may be temporarily retained for diagnosis and emergency treatment, even if it may not be deemed necessary to admit them in to the ordinary in-patient wards.

ALLEGED PREJUDICIAL RESULTS.

53. We have carefully considered the specific cases in which it has been alleged that unnecessary suffering, delay in receiving treatment other than emergency treatment, or untoward results have occurred in consequence of non-admission to a bed at the first institution to which patients have been taken, and their consequent transfer to another elsewhere. We have communicated with the institutions concerned and received and considered their replies.

54. In some cases we were informed that the transfer took place owing to the fact that no bed was available at the Hospital to which the patients had been taken in the first instance, but that in such cases the Medical Officers of the Hospital were of opinion that the case would not be injuriously affected by transference in a properly equipped ambulance. In other cases it was stated that the nature of the injury was such that, in the opinion of the Medical Officers, removal to an Infirmary would not aggravate the condition; while in one case transference was deemed necessary owing to the development of such symptoms as rendered the stay of the patient in a General Hospital inadvisable in the interests of the other patients in the ward.

55. We do not doubt that cases have occurred in which non-admission to the institution to which they were first taken, even though proper emergency treatment had been given, has been prejudicial. Even with the best modern aids to diagnosis it is not always easy to determine whether a person suffering from a recent injury, especially to the head, may not in a short time develop symptoms which were not present on first examination. Regarding some of the cases related to us from a retrospective standpoint, it would doubtless have been wiser to have avoided if possible removal to a second institution.

56. Most of the cases in which it is alleged that unnecessary transfer of patients from one institution to another has occurred or that untoward results have attended such transfer have been reported from Lambeth. Apart from the fact that the Infirmary of that Union appears to have made more adequate provision for the reception and care of cases of accident and sudden illness than the generality of Boards of Guardians, it may well be that there is proportionately a greater deficiency of bed accommodation in Voluntary Hospitals for the crowded and busy areas of Lambeth and Camberwell than for most other parts of the County. Both at St. Thomas's and King's College there are beds closed for want of funds, and according to the L.C.C. ambulance returns more than 15 per cent. (2,119 out of 13,436) of all cases conveyed to General Hospitals are brought to these two institutions. Again, at the periphery of the County not a few cases of accident or illness occurring outside its boundary are imported to the nearest London Hospital, and in the case of the Royal Northern Hospital at Holloway, of the West London Hospital at Hammersmith, and of St. Mary's, Paddington, the pressure on bed accommodation is accordingly increased and transfers to other institutions are not infrequent.

REMOVALS.

57. We have referred to the fact that no fewer than 14 per cent. (3,316 out of 23,731) of the total number of cases dealt with by the L.C.C. Ambulance Service in the year 1922–3 were for "removals" or the transfer of the patient from the first institution to another within 24 hours. Not only is the proportion a considerable one, but it implies the withdrawal of ambulances with their attendants from the more pressing service of attending upon street accidents and their diversion to the less pressing service of conveyance of persons from one institution to another. It may well be worthy of consideration whether the removal of patients in response to a subsequent call might not be effected with a simpler and less costly type of ambulance, less fully equipped with first-aid appliances and possibly with one attendant in addition to the driver, thus liberating the regular service for its primary and more pressing function. If the recommendations we make result in reducing the number of cases in which occasion for transfer arises, the number of machines required for that service would be few, while the availability of the regular service for street casualties would be increased.

AMBULANCE SERVICES IN NEIGHBOURING AREAS.

58. We have by the courtesy of the Minister of Health had an opportunity of seeing the report made to him by a Departmental Committee upon Ambulance Services in Greater (Police) London outside the County of London. The report does not deal with the question of bed accommodation or with the disposal of ambulance cases within that area.

59. We were informed that it has been the practice at Croydon and Tottenham when taking an accident case from outside the County of London to a Hospital within its borders to transfer the patient from one ambulance to another at the County boundary. We are assured that no ill consequences result from such arrangement, but we think that in the interests of the sufferer such transfer should if possible be avoided.

60. Section 2 of the Metropolitan Ambulances Act of 1909, and Section 50 of the Public Health Acts Amendment Act of 1907, enable the London County Council and other local authorities to allow their ambulances, on such terms and conditions as may be agreed upon, to be used by another local authority. We think that under these powers arrangements should be made for the conveyance of cases of street casualties direct to the nearest available institution, even though it be situate within the area of another local authority.

61. The question of the adequacy and efficiency of Ambulance provision falls outside our reference. While the area within the County of London, with recent and prospective additions to the service, appears to be well supplied, in the neighbouring areas there would seem to be need for better provision. Whether the London service should be extended into such areas may well be worthy of consideration; but this and other problems which our investigations have opened up traverse the relatively narrow limits of the enquiry remitted to us.

CONCLUSIONS.

62. To obviate, as far as practicable, the occurrence of unnecessary or undesirable transfer of cases of serious accident or sudden illness we are of opinion that such cases should only be taken to institutions adequately equipped for their reception and treatment until they can be removed with safety; and that Hospitals undertaking to deal with such cases should be provided with a sufficient number of accident beds so as, in normal circumstances, to avoid the necessity of sending away to other institutions patients suffering from severe injuries or serious illness. Only such institutions as comply with these conditions should be retained on the lists in the service orders to the ambulance attendants and the Police.

63. As regards the proposal that daily reports of vacant beds should be supplied to the Police and Ambulance Authorities, for the reasons we have given and in accordance with the evidence which we have received, we are of opinion that, even if it were practicable, it would not prove to be of any real service or advantage.

RECOMMENDATIONS.

64. We recommend:—

(i) That King Edward's Hospital Fund, in making its annual grants, should take into consideration whether Hospitals which deal with cases of accident or sudden

illness occurring in streets or public places provide (A) a reasonably sufficient number of beds for such cases, (B) a reasonably sufficient number of observation beds or beds attached to the casualty department, in order to avoid, as far as possible, transfer to another institution of any patient whose condition might be likely to be prejudiced by such transfer.

(ii) (*a*) That it be represented to the Police and Ambulance Authorities that no institution which is not equipped for the reception and treatment of serious cases of accident or illness should be retained on the list of institutions to which ambulance cases should in the first instance be taken.

(*b*) That it be suggested to the Authorities that in drawing up the list of such institutions the co-operation of the Ministry of Health be sought in the case of Infirmaries, and of King Edward's Hospital Fund in the case of Hospitals.

(iii) That it be represented to the Ministry of Health that in the case of street accidents or sudden illness brought to Poor Law Institutions (including "removals" from the casualty department of a Voluntary Hospital):

(*a*) No question of residence of the patient, or site of the accident, or site of the transferring Hospital, should be raised prior to reception and treatment.

(*b*) No such cases should be transferred to another institution if their condition might be likely to be prejudiced by such transfer.

(*c*) The charge for treatment of such cases should be a common Metropolitan one and not fall on the Union receiving and treating such patients.

(*d*) Such patients should not be subject to any disability arising out of technical pauperisation as the result of their reception and treatment.

65. We desire to place on record our high appreciation of the valuable assistance accorded to the Committee in the course of our inquiry by Mr. Maynard and his staff.

W. J. COLLINS, *Chairman.*
HAMBLEDEN.
MARGARET AMPTHILL.
STANMORE.
G. H. MAKINS.
JOHN ROSE BRADFORD.
LEONARD L. COHEN.

H. R. MAYNARD,
Secretary.

March 3, 1924.

APPENDIX I.

MINUTES OF EVIDENCE.

LIST OF WITNESSES.

NAME.	DATE OF EXAMINATION.	PAGES IN MINUTES.
	1923	
ARTHUR R. DYER, A.M.I.C.E., Chief Officer of the London Fire Brigade BERTRAM MAYHEW CUTBUSH, Deputy Officer in charge of the London Ambulance Service	June 22	17
HERBERT LIGHTFOOT EASON, C.B., C.M.G., M.D., M.S., Medical Superintendent, Guy's Hospital	July 11	25
FRANK BRIANT, M.P. for North Lambeth, Member and formerly Chairman of Lambeth Board of Guardians	July 25	31
HUGH GAINSBOROUGH, M.A., M.R.C.S., M.R.C.P., Assistant Physician, St. George's Hospital	July 25	38
D. H. SAUNDERS, M.B., B.S., Casualty Officer, Royal Northern Hospital GILBERT PANTER, Secretary, Royal Northern Hospital	July 25	39
ARTHUR BASSOM, Superintendent and Traffic Adviser, Metropolitan Police	October 2	43
ARTHUR LIONEL BALY, M.A., M.R.C.S., L.R.C.P., Medical Superintendent, Lambeth Infirmary	October 2	47
GORDON H. ROBERTS, M.R.C.S., L.R.C.P., Casualty Officer, Charing Cross Hospital	October 2	51
WILLIAM A. WATFORD, Senior Attendant in charge of L.C.C. Ambulance Station at Elephant and Castle (accompanied by BERTRAM MAYHEW CUTBUSH)	October 12	55
J. S. OXLEY, C.B.E., Chief Metropolitan Inspector, Ministry of Health ...	October 12	58

KING EDWARD'S HOSPITAL FUND FOR LONDON.

MINUTES OF EVIDENCE

TAKEN BEFORE THE

AMBULANCE CASES DISPOSAL COMMITTEE

AT THE OFFICES OF THE FUND,

7 WALBROOK, LONDON, E.C.

ON

FRIDAY, 22nd JUNE, 1923.

PRESENT:

SIR WILLIAM COLLINS, *in the Chair*,
VISCOUNT HAMBLEDEN,
LADY AMPTHILL,
LORD STANMORE,
SIR GEORGE MAKINS,
SIR JOHN ROSE BRADFORD,
MR. LEONARD L. COHEN,
MAJOR GENERAL SIR CECIL LOWTHER (*Hon. Sec.*).

(*Transcript from the Shorthand Notes of* MESSRS. GEORGE WALPOLE & CO., *Portugal Street Buildings, Lincoln's Inn, London, W.C.*2.)

FIRST DAY.

MR. ARTHUR R. DYER, A.M.I.C.E., and CAPTAIN BERTRAM MAYHEW CUTBUSH, called and examined.

1. The CHAIRMAN: Mr. Dyer, you are chief officer of the London Fire Brigade?—(*Mr. Dyer*): Yes, Sir.

2. And are you head of the Ambulance Department?—I am in charge of the Ambulance Service.

3. Have you been authorised by the London County Council to give the Committee information as to what has been done and what is being done with regard to the matter the subject of our reference?—Yes. I have been authorised to give you the necessary information, or the deputy officer, Captain Cutbush, who actually runs the service under me, will give you full information.

4. Would you wish me to address questions to you or to Captain Cutbush?—Perhaps, Sir, you would address your questions, first, to Captain Cutbush, and then, later, I might add anything extra that you may wish to ask me about.

5. Then, Captain Cutbush, you are the deputy officer in charge of the London Ambulance Service?—(*Captain Cutbush*): Yes.

Mr. A. R. Dyer and Captain B. M. Cutbush.

6. When was that service established?—In 1915.

7. Will you proceed to give us the information you have on the subject of our reference, in your own way?—The Ambulance Service was established by the Council in 1915 for the conveyance, at any hour of the day or night, of persons suffering from accident or sudden illness from the streets or public places, such as railway stations, theatres, factories, workshops, etc., to hospitals, infirmaries, or their homes. Cases of accident occurring in private houses are also accepted. The service is not, in ordinary circumstances, intended for the removal of persons suffering from illness in private houses.

8. Do you mean that you have not power to deal with those cases or that, as a matter of practice, you do not lay yourselves out for them?—It is really a matter of practice, because they are dealt with by the Metropolitan Asylums Board. There is a clearly defined line as to which cases each service takes. Then, Sir, I do not know if you wish me to go into the question of the preliminary steps that were taken——

9. You might just tell us what led up to the present position?—The question of the provision of an Ambulance Service for street cases came

before the Council in 1901, and formed the subject of an inquiry by a Committee which obtained exhaustive evidence on the subject. In 1905, the Council resolved to apply to Parliament for power to provide and maintain, or to aid in providing and maintaining, an Ambulance Service to deal with street accidents, and clauses were inserted in the Council's General Powers Bill of 1906. The clauses in question passed the House of Commons, but were struck out in the House of Lords. In December, 1906, the Home Secretary appointed a Departmental Committee on the Ambulance Service in London, and that Committee recommended that the Metropolitan Asylums Board should be authorised to establish an Ambulance Service for street accident, etc., cases. Sir William Collins, yourself, Sir, a member of the Departmental Committee, disagreed with this recommendation and expressed the opinion that the London County Council should be the Ambulance Authority for street cases. Sir William Collins introduced into Parliament a Bill empowering the Council to establish and maintain or to contribute to the cost of or otherwise to aid in establishing or maintaining an Ambulance Service, and this Bill became law as the Metropolitan Ambulances Act, 1909. The Council in 1912 had before it a report from a Committee on the Act, submitting information as to the existing ambulances belonging to the several public authorities, and recommending that powers should be sought to enable the Council, the Metropolitan Asylums Board, borough councils and guardians to enter into agreements for the use for the purposes of the Ambulance Service of the premises and ambulance appliances of those authorities. These powers were obtained in the Council's General Powers Act of 1913, and in that year the Council invited the Metropolitan Asylums Board to prepare a detailed scheme, with estimates of cost of co-operation with the Council and other authorities, for the establishment of an Ambulance Service. The Board submitted a scheme for the maintenance by them of a service, the cost to be defrayed out of the County Rate. In December, 1913, the Council resolved that it was unable to adopt the Board's scheme, and instructed a Committee to prepare a scheme for the establishment of a service by the Council. A tentative scheme was submitted by the Committee in March, 1914, and was approved by the Council, and the service was inaugurated in 1915.

10. Six years after the powers were obtained ?—Yes. The functions of the several Ambulance Authorities in London have been clearly defined as the result of a conference held in 1918. The Council's service deals with urgent cases of accident and non-infectious illness in which immediate action is required, the Metropolitan Asylums Board deal with all cases of infectious illness and the St. John Ambulance Brigade deal with first-aid cases arising out of processions, ceremonials, etc. Cases of removal of non-infectious illness in which there is no urgency are dealt with by the Metropolitan Asylums Board and the St. John Ambulance Brigade. That is the division of duties between the three services.

11. Is that an agreement arranged by the authorities ?—That was the result of a conference held between the authorities on the 1st November, 1918. I would like to put in, if I may, the report containing the resolutions of that conference.

12. Did that differentiation of duties work harmoniously ?—I think so. My experience is that it is quite well defined, and that it works perfectly well and without friction.

13. Can you tell us the number of calls that the London Ambulance Service has ?—Yes. In 1915, when the service was established, there were 2,405 calls ; that number has steadily increased, the number for the year ended March, 1923, being 24,626. (*See Appendix V.*)

14. Is that partly because accidents have increased ?—I cannot say that, because we have no information as to the number of accidents. We get the police returns, but the Metropolitan Police area is a very much larger area than the county area. My own view is that the police find the service very useful, and they call it much more regularly than they did in the first years, before they knew that the service was efficient.

15. And you have more machines in commission ?—Yes. Then, Sir, with regard to the method of giving calls. Practically all calls are given by means of the London Telephone Service, special facilities being afforded by that service for calls being put through promptly and without charge. 72 per cent. are received from the Metropolitan Police. All calls are received, in the first instance, at the headquarters of the service in Southwark Bridge Road, and are thence transmitted by means of private telephones to the nearest ambulance station at which an ambulance is available.

16. How many ambulances have you now available ?—There are at present in commission seven ambulance stations, and at each one of these one ambulance is constantly in commission, and two additional ambulances are put into commission during the busy hours of the day. The Council has recently resolved to establish three additional stations, and these, it is hoped, will be in commission as from the 1st January next. The Council has under consideration the question of making further provision down in the Woolwich area, but it is thought that the ten stations will cover the rest of the county.

17. What is the present practice as to conveying persons to institutions ?—The practice of the service is to convey the patient to the nearest institution where skilled medical aid is available, and, in this connection, hospitals and infirmaries are regarded as being on the same footing ; that is, the institution to which the case is removed is determined by the locality from which the case of injury or illness is taken. This practice is, however, subject to certain provisions relating to individual hospitals and similar institutions. I should like to put in a copy of those orders if I may.

18. What do you call the document you are putting in ?—The Service Orders. (*See Appendix VI.*)

19. What happens when the casualty has been taken into the institution which receives it ?—Directly the case is deposited in the hospital the ambulance at once returns to its station so as to be available for further calls.

20. Is it your experience that cases of accident or sudden illness are sometimes taken to hospitals which have no vacant bed accommodation ?—Yes, that is so, but, as I explained before, our practice is to take cases to the nearest institution ; if there is no bed available it is the practice for the hospital to arrange with another institution for the reception of the patient and then to summon the ambulance for its transport either to the institution having a vacant bed or to the patient's home. These removals are accepted by the service if a request is made within 24 hours from the deposit of the case, the removal being carried out as soon as possible without interfering with the first duty of the service, which is the removal of casualties from the streets, etc. The percentage of removals undertaken under this procedure in

1918 was 18 per cent., but has been reduced to 14 per cent. in 1923.

21. Percentage of what ?—Percentage of the total calls.

22. Have you figures to show the number of cases in which patients are taken to hospital and no vacant bed accommodation found for them ? —I am afraid not.

23. You have no record ?—We have no record at all; we have only a record of the removals which are undertaken by us; but I think it is possible that other removals may be undertaken, either by the hospital's private ambulance or by a Metropolitan Asylums Board ambulance.

24. Can you give us no information as to the number of cases in which a patient is not accepted at the first institution to which he is taken ?— I cannot give you the percentage, but I should say the cases would be very few—very few indeed.

25. That is very relevant to the subject of our inquiry—the number of cases in which a patient is not accepted at the first institution to which he is taken. If you could give us any information upon that we should be very glad ?—When you say "accepted" do you mean "deposited" ? I should say that the number of cases where we do not deposit a case at the institution to which we take them is infinitesimal.

26. A patient is nearly always deposited at the first institution to which he is taken ?—Yes.

27. But after that—— ?—He may be removed if there is no vacant bed.

28. Are you able to speak as to the number of actual cases, say in the last year, 1922, which having been deposited were not subsequently retained by the first institution ?—(*Mr Dyer*): I do not think we have that. We know that the number of instances in which persons have been taken to an institution and refused medical attendance, if they are accident cases, is almost *nil*; but the cases that have to move on afterwards would come in the 14 per cent. There would be a certain percentage of them.

29. If you have the percentage you must know the actual figures ?—(*Captain Cutbush*): The number for the year 1922–23 was 3,316.

30. Does the word "removal" in those cases mean only cases which, having been deposited at the first institution, are subsequently removed somewhere else ?—Yes.

31. It is a very specific meaning you attach to the word "removal" ?—We call all the secondary cases—cases taken to a hospital and afterwards removed—we call those removals; they are classified as removals every year. For the year up to March last the figure was 3,316.

32. What period would have elapsed between the first deposit of a case and its subsequent removal ?—It must be within 24 hours.

33. What has been the practice of the Council in regard to the undertaking of removals ?—The practice I have outlined was adopted by the Council because it was considered that when the Council has once taken a casualty from the streets its duty is not fulfilled until the patient is deposited at a place where bed accommodation is available. Moreover, if these removals were not undertaken difficulties might arise, as hospitals might require casualties to be retained in the ambulance until they were seen by a doctor, who might then refuse admission. The service would then be left with the duty of finding accommodation for the case in an infirmary, which would cause delay. From inquiries made it would appear that, generally speaking, casualties brought to hospitals by other means than this service are removed, if necessary, to infirmaries either by taxicab, guardians' ambulances, or an ambulance belonging to another service, the cost of conveyance being charged to the patient if he is able to pay, or defrayed by the hospital or the guardians.

34. Is any charge made by the Council in ordinary accident and emergency cases ? No, we have no power to make a charge. It is evident that in some cases delay occurs before the patient is accommodated in an institution where a bed is available. The practice may be said to have worked on the whole satisfactorily, and good relations exist between this service and the hospitals.

35. Have you received any complaints from the hospitals as to the administration of the service ? —No, Sir.

36. None ?—None. We have occasionally a question raised with regard to individual cases; usually one sees the medical superintendent, or the secretary, and things are smoothed over. The relations are exceedingly cordial between the hospitals and this service.

37. Have the Council or its Committee considered the question of keeping a register of institutions having vacant beds for casualty cases ?— Yes, they have on several occasions considered that, the idea being that a casualty requiring bed treatment should be at once taken to a vacant bed instead of being in the first instance taken to a hospital with no vacant bed, with subsequent necessity for transport. The Committee considered this scheme to be impracticable, for the following reasons: The ambulance attendants, although skilled in first-aid, cannot undertake the responsibility of deciding at the time of first seeing the casualty whether it is a cot case or not. Their first duty, after the rendering of the necessary first-aid, is held to be to procure for the casualty skilled medical attention at the earliest possible moment, and this is done by transporting the casualty to the nearest hospital or similar institution where a medical officer is available. The Committee holds that when this duty has been discharged it devolves on the medical officer at the hospital to render such skilled treatment as may be necessary, to decide whether the casualty can be transported elsewhere without harm, and to arrange for its reception elsewhere. In effecting removals the Ambulance Service acts merely as the agent of the hospital.

38. The Ambulance Authority holds that its duty to the injured or ill person is terminated when he has been deposited at the first Institution, and any subsequent handling of the patient is on the responsibility of the Medical Officer of that Institution; is that right ?—Yes, and the Council, to assist the Medical Officer in that responsibility, undertakes the removal of the patient, if necessary, to another Institution where there is a vacant bed. Then, to keep an up-to-date list of vacant beds would be costly, would probably give rise to difficulties with Hospitals, and would throw on the Ambulance Service more responsibility than the Council think it should accept. The Service uses some 80 Hospitals and similar Institutions. If each of these is to be communicated with twice a day to ascertain whether beds are available, it would occupy the whole time of one call officer, while another would be employed in notifying the vacant beds to the ambulance stations. Unless additional lines were provided and additional staff employed, the matter could not be carried through, inasmuch as the existing exchange and other lines are fully employed in ordinary call work. It is further thought that Hospitals would be reluctant to

pledge themselves definitely to refuse accident cases which might occur at their doors on the grounds that no beds were available. Further, an ambulance with a very serious accident case might be required to pass the doors of a large Hospital on the way to another Institution, possibly two miles away, where a bed was available. A vacant bed notified at 9 a.m. might be filled from a source other than the Ambulance Service at 10 o'clock, and it is considered that the keeping of a list of vacant beds would cause misunderstandings and delays without improving the present standard of treatment of casualties. The Council feels that, unless it receives definite indications that this course is to be pursued, it is not prepared to accept the grave responsibility which would be incurred. A further point is that it is understood that no Hospital to which a casualty is conveyed would turn out a serious case where the consequences of removal might be fatal.

39. Has that general practice been varied in some instances ?—It has. When the Service was established in 1915, it was agreed with the Weir, the Battersea General and the Bolingbroke Hospitals that the Service should ring them up every morning at 9 o'clock asking if they had beds available. The number of beds available is noted by the call officer who receives the message, and the information is transmitted to the ambulance stations in the districts served by these Hospitals. Each of these Hospital notifications occupies, on the average, five minutes, so that if the same procedure were applied to all the Hospitals, the time occupied in the reception and transmission of the calls would amount to several hours each day. It should be noted that these three Hospitals are comparatively small Institutions. Although the procedure is still followed in the case of these Hospitals, the Council is not desirous of extending it to large Hospitals, for example, the London, Guy's or St. Thomas's.

40. Why was this method made available in the case of these three particular Hospitals ?—I am afraid I cannot say. There is no one now in the Service who was there when this arrangement was made.

(*Mr. Dyer*) : It started before I was appointed Chief Officer, and I think it has been kept on automatically because it is such a small matter ; perhaps it might have been considered selfish if we had stopped it.

41. Has the arrangement been found by those particular Hospitals to be advantageous or disadvantageous ?—We have had no information I think at all upon the subject.

(*Captain Cutbush*) : Really it does not make much difference. If they notify no vacant beds, the case goes to the Infirmary, and there is not much difference in the distance to be traversed.

42. But there it is in actual operation in this limited sphere ?—Yes.

43. Have you any suggestion to make with regard to the Poor Law Institutions ?—Well, Sir, it would certainly tend to the more efficient working of the Ambulance Service if the present arrangement whereby casualties are, in some instances, accepted only by the Poor Law Institution of the parish where the casualty has a settlement, could be waived so that casualties could be accepted and retained at the Poor Law Institution nearest to the scene of the accident. From time to time the Service has experienced considerable difficulty in obtaining the reception of casualties at Poor Law Institutions, and it was found necessary to issue a Service Order to the effect that in all cases where Hospital authorities ask for cases to be removed to Infirmaries, the caller is to be asked whether he has arranged for the reception of the patient into the Infirmary, and to be informed that the removal cannot be effected until this shall have been done. As an example, the case of a person resident in Lambeth, injured in Paddington, taken to St. Mary's Hospital, and thence conveyed to Lambeth Infirmary, because the man was resident in that parish, aroused considerable Press criticism, whereas his removal to the nearest Poor Law Institution, namely Paddington Hospital, would seem practicable, leaving the question of maintenance charges to be settled subsequently between the Poor Law Authorities.

44. Do you mean that it is the practice of the Poor Law Authorities now, if a man living in Lambeth is injured in Paddington, to refuse him admission in Paddington, and to send him to Lambeth ?—This case actually occurred.

45. But is it in accordance with some rule or practice ?—The practice of the Poor Law Authorities varies. Each Poor Law Authority has different views on the subject of the reception of patients. Some of them will take any cases ; some will take cases only of residents in the borough. We had a letter only two days ago from St. Marylebone protesting against five injured people being taken to their Infirmary, which was nearest the scene of the accident, and saying that they ought to have been taken to Paddington, because the accident actually occurred in Paddington. One of those cases was actually resident in Marylebone ; so that if the Institution had to consider the question of the parish of residence of the patient, and the parish in which the accident occurred, it would be an impossible position.

46. As a matter of fact, do your Ambulance Officers find sometimes that they are refused admission of a patient into a Poor Law Infirmary, because it is not in the district of residence of the patient ?—Yes, I have known some cases.

47. Are they frequent ?—No, not frequent, but we do have considerable trouble with the Poor Law Authorities.

48. With regard to these Service Orders, what is the meaning attached to the word "Hospital" by the Council ?—The Council defines the word "Hospital" as an Institution for the care of the sick or wounded, or of those who require medical treatment. Consequently, it is held that casualties needing skilled medical attention should always be received at any Institution described as a Hospital, where skilled medical attention should be given and responsibility for the care of the patient accepted from the moment of its reception. If I may explain, as an example, the Paddington Poor Law Authority's Institution is known as the Paddington Hospital, and the Paddington Hospital will not accept any but very serious cases. We had a case the other day of an accident which occurred at the gates of the Paddington Hospital. We had to take it to St. Mary's Hospital, where it received attention, and then we were summoned to take it back to Paddington Hospital.

49. Did they take it then ?—Yes.

50. But they had refused it before ?—Well, it was never taken there, because they had laid it down that they would only accept very serious cases. You will see in the Service Orders there is a note that "Patients would not in ordinary circumstances be taken to this Infirmary, but cases of extreme urgency will be accepted," so

that on that order the attendants naturally took the case to St. Mary's Hospital; then they were called on to remove it back practically to the scene of the accident.

51. Is there some arrangement between the Council and the Hampstead General Hospital?—Yes. In 1913 the Council had before it an offer from the Hampstead General and North-West London Hospital, for the user for street ambulance purposes of the motor ambulance belonging to the Hospital, and agreed to make a grant of £300 a year towards the maintenance of the ambulance. This agreement is still in force, and is the only instance of co-ordination between ambulance authorities.

52. That would be the first instance in which the Council paid for the maintenance of an ambulance?—That is so.

53. And that ambulance was a gift of the Grand Duke Michael?—Yes. It cannot be said that the arrangement is entirely satisfactory, inasmuch as the Hospital ambulance is not always available for street accidents because it is engaged on Hospital work or is temporarily incapacitated. The Council proposes that when its new stations at Paddington and Highbury are in commission, the agreement with the Hospital shall be terminated. The Metropolitan Asylums Board, when submitting the Scheme of 1913, laid down as a condition that a service to be efficient must be provided, maintained, worked and controlled by one authority, and this opinion is supported by the Council.

54. Has any action been taken by the Council in accordance with their powers under their General Powers Act of 1913?—No.

55. The whole of your action is under the Act of 1909?—Yes.

56. Under Section 2 of the Act of 1909 there is power for the County Council to allow the Ambulance Service to be used by a local authority having powers under Section 50 of the Public Health, &c., Act, 1907. Has any use been made of that?—No, sir.

57. Are the County Council ambulances available to persons suffering from injury or illness outside the County boundary?—Well, we always take border-line cases; if we had a call to a case which was just over the County boundary we should take it.

58. Can you remember instances in which that has occurred?—There are several instances; I cannot call any to mind, but certainly we have taken cases from West Ham which have just been near the County boundary at Poplar. We have taken cases from just outside Hammersmith; and, in fact, we have taken, I should think, cases covering half a mile outside the County area all round.

59. We have been asked to have regard to the areas under local Voluntary Hospital Committees adjacent to, but outside, the County of London?—We have working agreements with the Croydon Ambulance Service, as an example. If a certain man is injured in Croydon, and requires to be brought into London, the Croydon people bring him to the County boundary, and then we tranship him and take him to his home or Hospital. In the same way a Croydon man, if injured in London, would be taken to the County boundary and then taken by the Croydon Service to Croydon.

60. Is it thought better, in the interests of the injured person, to tranship rather than to convey him in the same machine to the Institution where he will be received?—It is a case for arrangement. We can hardly spare an ambulance to go all the way to Croydon, and in the same way the Croydon people could not spare an ambulance to take a case right up to, say, the north of London.

61. Is there anything you wish to add?—I do not think so, sir.

62. Is there anything, Mr. Dyer, you would like to add?—(*Mr. Dyer*): The only thing that strikes me, Sir, is this, If we had beds in certain Hospitals, the Council would be in an impossible position if it took badly injured cases past another Hospital door. I think the Council Committee have dealt with that once or twice, and the position of the Council and the Ambulance Authorities would be simply impossible. If there was a bad accident outside a general Hospital, and we actually passed the door of that Hospital, you will see that the onus of carrying the wretched patient two or three miles might be on us, because they have no bed there, but they can give surgical treatment practically in any place. That is, of course, the Council's point.

63. Do your officers regard it as their first object to get a patient as quickly as possible to some Hospital?—They do all the necessary first-aid, and then, of course, the case is taken to the Hospital, and I am glad to say that in a good many cases they are more or less untouched by the Hospital people; they are satisfied with the first-aid that has been given. The attendants undoubtedly do splendid first-aid work; they are always at it; practically every day they get first-aid cases, and they become very expert at it, and the Hospital authorities are rather inclined, if I may say so, to congratulate us on the way the work is done, and to do nothing further.

64. What are the usual times that elapse between the receipt of the call and the attendance at the place of the injury, or accident, and the subsequent removal to a Hospital?—The average time for the last year for the whole 25,000 cases was under nine minutes; that is for the whole of London, and, of course, for the whole of the cases. Some are of necessity much longer, and the majority very much shorter; it depends on traffic conditions, and whether the stations are inside or outside the area.

65. You have not in the County of London, as they have in the City, standard telephone calls?—No, but we can be called from any telephone exchange. The police (who are generally the callers) know that now, and they ring us up much more frequently than they used to. We see that, by the way, in the case of the Woolmore Street, Poplar, station. As the police know that there is an Ambulance Station near, we get more calls from them.

66. The number of calls is partly due to the increase of accidents, partly to your having more machines in commission, and partly to the fact that the public are beginning to understand that yours is the proper authority to deal with such matters?—I think so, especially the fact that the police now know our work. Now they know that we have ambulances available they ring us up, and no doubt when we get more stations we shall get even more calls in that way.

67. Is the co-operation between the police and your Service quite harmonious?—Oh, very good indeed. Of course, in the case of ambulances, we have the same trouble that the Fire Brigade has always had, a number of false calls.

68. Are there as many cases of false calls for ambulance purposes as there were in years gone by for fires?—I do not think so. (*Captain Cutbush*): There are very few indeed, sir.

69. Viscount HAMBLEDEN: Have you any

record of how many cases has been taken to Poor Law Hospitals and how many to Voluntary Hospitals ?—(*Captain Cutbush*) : I can furnish that, but I am afraid I have not got the particulars with me.

70. Did I understand you to say that there were some Poor Law Hospitals who even refused to take an accident case when it was brought to their doors ?—These Service Orders were framed after consulting the various Poor Law Authorities. As an example, Fulham Infirmary is open to receive any poor person resident in Fulham suffering from serious disease, surgical or medical. Under that we should not take a case to the Fulham Infirmary because we do not have the means of ascertaining where a patient lives ; a patient may be unconscious.

71. I wanted to make certain whether there were some Poor Law Hospitals which refused to take in an accident case if brought to their door. I do not press you upon it, but I should like to know if there are cases of that sort ?—Yes, Sir, I have known a case of a removal which was taken backwards and forwards at 2 o'clock in the morning, refused definitely by a Poor Law Institution.

72. Previous to treatment ?—No, Sir—after treatment at a Hospital it was taken to the Poor Law Infirmary and refused.

73. I was not thinking exactly of that kind of case. What I meant was a case in which a patient was taken to a Hospital, a case of first-aid, which might be treated by the Hospital and possibly afterwards sent on to a Poor Law Hospital ; but I understood from what you said that there were some Poor Law Hospitals which refused even to take in a patient to give him the necessary surgical treatment ?—Our attendants know pretty well which places to take these people to now, and they do not take them to places like the Paddington Infirmary, which has announced that they will not, in ordinary circumstances, take such cases.

74. Is the practice of the Paddington Infirmary not to take a case that has not occurred within their boundary, but only cases of patients living in Paddington ?—Yes. (*Mr. Dyer*) : That raises a question which is vital to us—to be able to take patients to any available Infirmary or Hospital immediately in the neighbourhood of the accident and simply leave them there to get medical attention.

75. That is why I asked the question ?—I appreciate that.

76. (*To Captain Cutbush*) : I think you said at the beginning of your evidence that the Metropolitan Asylums Board and the St. John's Ambulance Brigade undertook the removal of cases which were not urgent from private houses ?—Yes.

77. Is there any Service which undertakes the removal of urgent cases from private houses ?—We will always take a case where it is said that it is a matter of life or death.

78. Whether it is accident or sudden illness ?—Yes. We have taken cases of appendicitis on the call of a doctor.

79. Is there anybody travelling on the ambulance who is qualified to give an opinion as to whether the case is one which will require detention in a bed for treatment or not ?—Well, the two attendants who accompany the ambulance are both trained and skilled in first-aid. I think in most cases they would know whether it was a bed case or not, but I believe in some cases it is difficult to say whether it is a bed case or not.

80. They would have an idea ?—They would have an idea, yes.

81. Is it the attendant on the ambulance or the police who have to decide as to a case being a bed case or not ?—The attendant on the ambulance, in practice.

82. The ambulance attendants take the responsibility ?—Yes.

83. Sir JOHN ROSE BRADFORD : As regards removals ; can you give the Committee any information as to what period of the 24 hours most of them take place ; you said they were limited to 24 hours ?—In the early part of the 24 hours ; I should say between two and three hours after the reception of the patient in the first instance.

84. Then, in the case of Voluntary Hospitals, have you met with any instances either of refusal or of delay in the reception of patients ?—No.

85. Mr. COHEN : May I just add something to Sir John Rose Bradford's question. In giving your answer, you regard "reception" and "deposit" as synonymous terms ?—Yes.

86. There is only one other question I would like to ask : with regard to the transfer arrangements at Croydon and the County boundary. Is there a similar arrangement existing with any other of the Authorities that surround the Metropolitan area ?—Yes, there is Tottenham, and Erith in Kent. As to other places, the occasion has never arisen. We have never been in contact with any other Authorities.

87. Those are three ?—Yes.

88. And the Council has decided that that is a satisfactory arrangement ?—Yes.

89. Sir GEORGE MAKINS : With regard to the removals, do you ever have to remove a patient whose life is actually in danger at the time ?—I can hardly answer that, because we never know what happens to our patients after we have left them, unless we are called at an inquest.

90. Do you take any of them to their own homes ?—Yes.

91. What proportion of that 3,000 have gone to their own homes ?—I am afraid I have no statistics.

92. Would it be a large proportion ?—No, I should say the majority would go to Infirmaries.

93. Lord STANMORE : Do you know if any special instructions are given to the police as to which Ambulance Station they should ring up. I had in my mind the case of a delay occurring through a very distant Ambulance Station having been rung up by the police ?—The procedure is this : the policeman goes to any telephone, public or private, and asks for "Ambulance"—no number, and he is at once connected with our Headquarters in Southwark Bridge Road, and then from there the nearest available ambulance is sent. But in some cases when the Service is very busy we may have to send an ambulance, for example, from Poplar over the water into Woolwich and that, of course, does give rise to delay. That we hope to prevent when the Service is further extended ; there will be more ambulances and, consequently, the ambulance will not have so far to go. But the police have no knowledge as to where the ambulance would come from.

94. Your Headquarters practically settles that ?—Yes.

95. The drivers of the ambulances have very special instructions as to what Hospitals would serve any particular area ?—The senior attendant on the car is in charge of the car, and he settles the Hospital to which a patient is taken. These men after experience know the Hospital to take

the cases to; they know the nearest Hospital, and they know whether it is the proper Hospital for the case.

96. Viscount HAMBLEDEN: There is one point about Paddington; does the fact of St. Mary's and Paddington Infirmary working together make any difference?—I cannot say that. I know that there is some arrangement, but I have not got particulars of it.

97. How far apart are they?—A mile and a-half, I should say.

98. Of course, if one has proper arrangements for dealing with casualties, and the other has not, and if they are working together, there is good reason in their doing it in that way?—That may be so.

99. I do not know whether you know the relation of King's College Hospital in geography to the Camberwell Infirmary and the Lambeth Infirmary. I want to put this question to you: A patient is taken to an Infirmary, which accepts street accidents, and, though he may not be a resident in the district, he will probably be retained until he is fit to move; but if he is taken to a Hospital, within perhaps a few yards of that Infirmary but in another area, and treated there, they cannot send him to the nearest Infirmary because there is no bed, but have to send him to the Infirmary of the district in which the Hospital is situated; is that so?—I believe that is so.

100. The CHAIRMAN: Are these Service Orders found to be complicated in practice? To the outsider, reading them for the first time, they appear rather complicated?—I think they know them by heart.

101. Would it facilitate matters if some of these Institutions which make conditions as to admission were prepared to receive any accident or serious illness case at any time?—The fewer special Orders there are the very much better it would be from our point of view.

The CHAIRMAN: On behalf of the Committee I desire to thank you two gentlemen for attending and giving us the benefit of your evidence, and perhaps you will convey our thanks to the London County Council also. It may be necessary at a later stage of our proceedings, if there are any other questions upon which we should like your help, to ask you, or one or the other of you, to return to give us further information. We are very much obliged for the evidence you have given.

(The Witnesses withdrew.)

(Adjourned.)

KING EDWARD'S HOSPITAL FUND FOR LONDON.

MINUTES OF EVIDENCE

TAKEN BEFORE THE

AMBULANCE CASES DISPOSAL COMMITTEE

AT THE OFFICES OF THE FUND,

7 WALBROOK, LONDON, E.C.

ON

WEDNESDAY, 11th JULY, 1923.

PRESENT:

SIR WILLIAM COLLINS, *in the Chair*,
VISCOUNT HAMBLEDEN,
LADY AMPTHILL,
LORD STANMORE,
SIR GEORGE MAKINS,
MR. LEONARD L. COHEN,
LORD SOMERLEYTON (*Hon. Sec.*),
MAJOR WERNHER (*Hon. Sec.*).

(*Transcript from the Shorthand Notes of* MESSRS. GEORGE WALPOLE & CO., *Portugal Street Buildings, Lincoln's Inn, London, W.C.2.*)

SECOND DAY.

Dr. Herbert Lightfoot Eason, C.B., C.M.G.

DR. HERBERT LIGHTFOOT EASON, C.B., C.M.G., called and examined.

102. The CHAIRMAN: You are a Doctor of Medicine, Master of Surgery, Representative of the Faculty of Medicine on the Senate of the University of London, and Superintendent of Guy's Hospital?—Yes.

103. You have received a questionnaire from this Committee asking you to be so good as to supply us with some information with regard to ambulance cases?—Yes.

104. Before I put any further questions, may I ask whether, in addition to what you have supplied to us, you have any further information you wish to put to the Committee, either as to the methods at present employed for ascertaining where bed accommodation is available at hospitals in London, or on the proposal that daily reports of vacant beds should be supplied to the police and ambulance authorities?—I have made a note on that, Sir, A.C.D. 9, to which I think I have nothing to add, because I feel, if I may say so, that the problem even in one hospital is to know from hour to hour how many vacant beds there are.

105. In No. 1 you mention there were in the year 1922, on an average 79 beds reported as vacant in Guy's Hospital in the Report of the King's Fund. You state you think it desirable to remember that that cannot be considered as a common pool, and that surgical beds must be reserved for surgical cases, and so on?—If I might add a word or two in explanation. It looks a large number to be vacant, and if you have a good proportion of accident beds, as we have, 57 beds reserved exclusively for accidents, these beds will, to a great extent, remain unoccupied, otherwise there will never be a reserve in cases of emergency. In the same way, if you put aside isolation beds for infectious cases and beds for noisy and obstreperous cases, if you have a liberal provision for all these types of cases, you are bound to have a large proportion of beds which are apparently wasted daily. That is the point I rather want to make; that every hospital could show a better return of unoccupied beds in comparison with the return of beds available if the beds set aside for accidents, isolation, etc., were cut down.

106. Then you mention the allocation of surgical beds for surgical cases and medical beds for medical cases in a hospital, and say that cases may be turned away for lack of accommodation in the

appropriate department ?—I think there must be. I think you must have surgical beds for surgical cases and medical beds for medical cases. The wards are quite separate.

107. I think you make an exception in cases of grave emergency ?—Under ordinary circumstances surgical beds must be reserved for surgical cases and medical beds for medical cases, because the arrangements in the different wards, of course, are suited to the different types of case.

108. You say that in exceptional circumstances, such as a large railway accident, or in the case of an air raid, the restrictions would be removed ?—I think they should be extraordinarily grave emergencies because of the difficulty of administering a hospital in which every ward contains a mixture of accident, surgical and medical cases, which would have to be treated by different doctors on the staff. From the administration point of view, I think it would be almost impossible to deal with such an arrangement. I do not know any hospital of any size in which accident, surgical and medical cases are mixed together in one ward.

109. Under Heading No. 3, you state there is nearly always accommodation in the accident wards for the accident cases which arrive ?—Yes. I think I gave the figures for one of our accident wards, the Astley Cooper Ward, which contains 32 beds, and which was only full on seven days in 1922.

110. And you think it is very unusual for cases of accident to be refused admission ?—Yes.

111. Can you give us any idea as to the number ?—I cannot give you the exact number, but I have in paragraph 4 (c), given details as to the number of cases which were sent away from the hospital during the year to an infirmary. 2,057 cases were brought to the hospital in ambulances, and 1,233 of those, or 60 per cent., were sent home as the injury appeared too trivial to necessitate admission. 650 were admitted to the hospital, and 174 were sent to an infirmary. Among that 174 would be the small proportion of cases which were sent away owing to lack of accommodation. I have not any figures as to the actual proportion of this 174 which were sent away for lack of accommodation, but I have got from the casualty department the diagnosis in each one of these 174 cases, and it appears from that list that a good proportion of them were cases which one would consider were not quite suitable for admission to a hospital such as Guy's.

112. Will you put that list in ?—Yes. (*See Appendix VII.*) After this lapse of time I cannot tell in any particular case why it was sent to an infirmary.

113. Then am I right in understanding that the great majority of cases which are sent away are not sent away from lack of accommodation, but because they are deemed ineligible for hospital treatment ?—Yes, not deemed eligible for hospital treatment, bearing in mind that a hospital which has a medical school does not want to fill its wards with chronic or incurable cases. Mental cases, as a rule, are not admitted to ordinary hospitals, and with regard to my own hospital, it is noted on subscribers' letters that incurable cases are not admitted to the hospital.

114. One should say not that a case is unsuitable for hospital treatment but is unsuitable for treatment in a teaching hospital ?—I think that is a true way of putting it, for a teaching hospital is different from an infirmary.

115. In the return which has been furnished by the Ambulance Authorities, I see that 1,927 ambulance cases were taken last year by the London County Council to Guy's, and 227 by the City ambulance. That brings the figure very near yours ?—That is very near to our statistics, 2,057.

116. Have you any record of the proportion of the London County Council cases ?—What is the discrepancy, really ?

117. 2,057 in your case, and 2,154 as regards the ambulance authorities ?—Not a very grave discrepancy.

118. There cannot be many ambulance cases brought to you other than by the London County Council ambulances, and the City ambulances ?—Not to the casualty department.

119. But with regard to the cases removed from Guy's they are different ?—We can utilise the Metropolitan Asylums Board's ambulances.

120. Do you utilise them ?—Occasionally, not much in the casualty department.

121. In the case of the utilisation of the Metropolitan Asylums Board's ambulances the hospital pays if the patient cannot ?—Yes.

122. Is the question of payment a source of difficulty ?—No. I take it we are only dealing in my replies with urgent cases, urgent accidents or illnesses occurring in the public streets ?

123. That is the heading ?—Ambulances come from all parts of the surrounding counties, with cases which have already been arranged for. We have excluded those.

124. In the report of the Departmental Committee to the Home Office in 1909 as to ambulance accommodation in London, the report stated, "Another argument in favour of the rapid ambulance, bearing on the question of speed, is that it may happen that the first hospital to which the patient is taken is full, and that a further journey may have to be taken before accommodation can be found. This appears to happen not infrequently in the case of some London hospitals; in the case of other hospitals it is stated to be practically unknown for a patient suffering from serious injuries received in a street accident to be refused admittance. But in the cases in which the patient has to be sent elsewhere the use of the rapid ambulance is a great advantage." What do you say is the experience of Guy's at the present time in regard to that ?—The figures of our accident ward show that at the present time it is very seldom that we should have to refuse an accident owing to lack of accommodation. The fact that one of our accident wards was only full in seven days in 1922 looks as if we could have admitted an accident on any other of the 365 days. I have discussed this with the resident medical officers of the hospital, and they tell me that it is very rarely they have to refuse a serious accident, owing to lack of accommodation.

125. In reply to Head 6 of your précis where you are asked what evidence is there of the extent to which cases of accident or sudden illness brought to the hospital suffer as the result of delay in finding bed accommodation, you say that "the only evidence that the hospital could obtain as to cases of accident, or sudden illness, suffering as the result of delay in finding bed accommodation is from complaints which may reach the hospital afterwards as to suffering due to delay. Such complaints are extremely rare" ?—That is the only evidence I can get.

126. Can you recall any cases ?—I can recall one or two cases; I cannot recall the actual figures, but I think the numbers are small in a year.

127. Are they cases which have given rise to serious complaints, or publicity, or anything of

that kind ?—No, I do not think we have been in the public press over any such case for years.

128. I gather from your précis that it is not the practice for the telephone to be used as an intimation before the casualty arrives at the hospital ?—I have made enquiries of my casualty department, and the answer I was given is the answer I have put there, that the arrival of the ambulance, as a rule, is the first notification.

129. So that, as far as Guy's is concerned, the answer to the first part of the reference to this Committee as to the methods employed for ascertaining whether bed accommodation is available, is that the arrival of the ambulance is, as a rule, the first indication to the hospital that a case is or is to be brought ?—Yes, I think that necessarily must be so.

130. In a question which was put in the House of Commons on March 21st, to which this Committee's attention has been called, it was suggested that there is frequent delay in the removal of patients by ambulance after street accidents in London to hospitals, etc., where they can be received ?—I do not quite grasp the suggestion—delay in taking them ?

131. Frequent delay in the arrival of patients by ambulance after street accidents in London "to hospitals where they can be received" ?—One can only speak as an eye witness. As regards the few accidents I have seen in the streets I have always been struck with the promptitude with which the ambulance arrives.

132. It is not only the removal of the persons, but the removal of them to hospitals where they can be taken in ?—Yes. Of course, I do not see who can give figures as to that except the ambulance authorities who could report how often they take a case to hospitals in London, and have to go on to another.

133. That information we are obtaining from other sources ?—I do not think hospitals could give it; it seems to me very difficult to arrive at.

134. It goes on: "Patients in a critical condition are sometimes taken to an institution where they are refused admission owing to lack of vacant beds" ?—I think that is so; one must make a very distinct differentiation between an accident and a case of urgent illness; they are entirely different from the hospital point of view. An accident is an accident and goes into the accident ward, but a case of acute appendicitis or a case of apoplexy is not a case which one would admit to an accident ward; it is not a casualty.

135. As regards that latter class, is it the case that they are taken to hospital and refused admission and suffer by reason of their removal to another institution ?—As regards the first part of the question, I think every hospital has the experience that from time to time cases are brought for which they have no accommodation. Whether they suffer from removal to another hospital or not is much more difficult to answer from the point of view of the hospital which sends them away, because one very often never hears what happens afterwards.

136. Where do you send your cases to from Guy's ?—As a general rule we telephone to St. Thomas's first; essentially because it is nearer, and it is south of the water and a less congested route. We telephone to St. Bartholomew's, to the Miller General Hospital, Greenwich, the London, and St. John's, Lewisham. We usually telephone to St. Thomas's first.

137. Do you attend to them at the hospital before you approach another hospital or the Poor Law Infirmary ?—Yes, especially if it is an acute case. This is all done, you understand, by the house officers, the house physicians and surgeons; it is part of their daily duty. If they consider it is a case suitable for a hospital rather than the Poor Law Infirmary they try to get the case into another hospital. The cases are not referred to my office.

138. Do you give anywhere in your evidence the number of cases which last year were refused admission at Guy's and sent on to a Poor Law Infirmary ?—No, I cannot give that. I can only say that the cases which were sent away for any reason whatever total 174, but I have no note in the surgery registers as to whether they were sent away because they were considered unsuitable or whether they were sent away because there was no accommodation.

139. Is there anything you desire to add as to the suggestion that has been made that the daily reports of vacant beds should be supplied by the hospital to the police and ambulance authorities ?—I have not anything to add, but I might put in the daily bed sheet issued from my office every morning at 9 o'clock, and this indicates that the problem even in one hospital is to find out how many beds there are actually vacant in the hospital at any time, for I have noted in my answer to the questionnaire persons are admitted to a hospital by several routes. Persons are admitted to the hospital through my office into what are called "office beds," which are reserved, so to speak, for the patronage of the superintendent and other persons, such as the governors of the hospital, subscribers to the hospital, and members of the medical profession who write to me personally. Cases may be admitted to the hospital from the casualty department, not necessarily brought in ambulances, but walking cases which it is decided ought to be admitted. Cases are also admitted into the hospital during the day from the out-patients department, where it is decided that they should be admitted. So that there is no specific channel through which cases are admitted to hospital, and one always has, in considering vacant beds, to remember that a certain number of them have been reserved for cases that are expected in during the day. If you fill those up and any other cases come in later, you would get into a hole. After 5 o'clock every evening I telephone to the casualty department every bed vacant in the hospital, whether it is reserved or not, because if the patient for whom the bed has been reserved has not come to the hospital by 5 in the evening, at any rate, until the next day we can consider that bed as vacant for any emergency that may arrive; after 5 p.m. any bed empty in the hospital is unreserved.

140. Is that information collected twice a day in the hospital ?—Yes, at 9 o'clock and at 5.

141. Have you any idea of the time it takes to collect that information ?—One of the clerks in my office does that and it takes about half an hour; he has to go round every ward in the hospital, and the sister of the ward provides the information.

142. Do you think the proposal would be impracticable to supply the police authorities and the ambulance authorities with the information as to vacant beds every morning ?—It is perfectly practicable for us to supply any authorities with this information, but whether it is going to be any use to them when they have got it is the doubt that arises in my mind. That is to say, it is only correct, shall we say, at 5 p.m.; by 8 o'clock it may be entirely erroneous, and I take it, it has got to be telephoned to every ambulance driver who goes out if it is to be of any use. There is no

difficulty from the hospital point of view in supplying that information twice a day.

143. Can you suggest any method that can be adopted which might reduce what in your opinion is a small number of cases brought to hospital and not capable of being at once admitted to the first institution to which they are brought, even though suitable for admission ?—My difficulty as to that is who is to decide whether, *prima facie*, the man put in the ambulance, shall we say in Lombard Street, will be found when he comes to the hospital to be suitable for admission. He is put in the ambulance, he is taken to the hospital, and he is then probably for the first time seen by a qualified medical practitioner, who decides whether the case is serious enough to be admitted to a hospital at all. Sixty per cent. of the cases brought to Guy's in 1922 were found to be too trivial to be admitted to any institution and were sent home.

144. There is a residue, I understand, though it may be small, of cases which do require in-patient treatment, and are suitable for admission to a hospital, but which cannot be, or are not, admitted to the first institution to which they are taken ? Yes.

145. Is there any suggestion you can make with a view to reducing that number still further?—I have been thinking it over, and I find it very difficult. May I put the difficulties of actual administration. It would be quite easy for each ambulance driver to know that there are so many beds vacant in St. Thomas's and St. Bartholomew's. He happens to be near St. Bartholomew's, and he does not want to make a journey for nothing. He will telephone to St. Bartholomew's to know if they have a vacant accident bed. So far that is quite easy, but St. Bartholomew's cannot guarantee to admit the particular case he has got in the ambulance, because, on arrival, they may consider it not suitable.

146. The reply is, the attendant, though able to administer First Aid, should not in any way assume responsibility for determining whether the patient should be an in-patient, out-patient, or casualty ?—I do not think they can.

147. Is there any other suggestion or information you wish to give us ?—No. What I should really like to examine, and what I am afraid I have not got, is actually the number of cases which are, so to speak, hawked round from one hospital to another in a year. One cannot estimate the magnitude of the problem. I do not know whether any figures will ever be available for us. They are what I should like to see.

148. Lady AMPTHILL : I would like to ask as to the cases that were sent to St. Thomas's or to Bart's, or some other hospital, did those other hospitals take cases other than yours, I mean ; for instance, is St. Thomas's more particularly suited to cut throat, or Guy's ? I am only taking that as being the first one I happen to see on your list ; I am trying to get it clear. St. Thomas's and Bart's take a different class of case than extends to your hospital, to Guy's ?—None whatever ; it happens that St. Thomas's and Guy's formerly were two medical schools together in St. Thomas's Street, up to 1860. They have always been two associated hospitals, and have worked together, and they are comparatively close together on the south side of the Thames ; that is why we usually telephone to St. Thomas's first. There is no difference in the class of case that is admitted into St. Thomas's or Guy's. We should only telephone to St. Thomas's or Bart's if it was a case that we thought suitable for admission to Guy's only we had not got room for it. If we thought it was not suitable for admission to hospital, we should not worry St. Thomas's or St. Bartholomew's ; we should send that patient to the Poor Law Infirmary.

Lady AMPTHILL : That is what I wanted to get at.

149. Lord STANMORE : The only point I would like to ask about is this : supposing the hospital telephoned this return every morning, the ambulance driver would presumably get it ?—Yes.

150. Supposing Guy's had three vacant beds this morning, you would not have any sort of way of letting a particular ambulance driver know those beds had been filled up before he was sent ?—That is quite so.

151. I do not see the slightest use of making any return ?—That is what I rather suggested in my answer to the questionnaire. The number of vacant beds in the hospital varies from hour to hour, and it is so difficult to give any information that will last any length of time, and be accurate.

Sir GEORGE MAKINS : It appears to me that more time will be wasted. I have nothing to ask.

152. Mr. COHEN : You said that you would like to get some facts as to the number of cases that were hawked round from one hospital to another. That, of course, would be useful information, but it would not exhaust the subject, because what you would require to know as well would be the number of patients that were hawked not only from hospital to hospital, but to the infirmaries. You would also want to know if the person was sent from one hospital to another hospital, is it certain that he is received at the second hospital. There may be a case on record where he is still further sent on to a third hospital ?—I quite agree.

153. You agree to what I have said ?—With one exception, that there is no difficulty about hawking from infirmary to infirmary, because the Poor Law Infirmary has to admit cases.

154. From the hospital to the infirmary is a second removal requiring the attendance of the ambulance ?—Yes.

155. In paragraph 3 of your proof you say : " If they are considered suitable for admission into an infirmary they are sent to the infirmary of the district in which the patient resides." Is that carried out, irrespective of how far off the district in question is ?—No, that has to be within limitations. One point is, that as far as possible one must and should send the patients to the infirmary of the district in which they reside ; if we do not, we get complaints from the Guardians of our local infirmary. I have a frequent correspondence with the Guardians of the Southwark Infirmary, and they send me at my own request about every fortnight or three weeks, the number of cases, and the names and addresses of the cases which have been referred to Southwark Infirmary from Guy's, but who are not resident in Southwark. We have that correspondence every fortnight or three weeks, so that as soon as possible we can let the Guardians know the particular reasons why we did send the person to the Southwark Infirmary who was not a resident of Southwark. The reason may be the time of day ; you cannot send a person after 11 at night all round London to find his relieving officer. You must send him to the nearest Poor Law Institution. He may live so far away, and his condition may be so serious that it would be dangerous to his health to send him so far. You send him to the nearest infirmary. The infirmary makes no objection to that at the time, but they always ask me for the reasons why we

did it with each particular case, and I always furnish the Guardians with the particular reasons that necessitated sending the patient to the nearest infirmary.

156. Therefore, what you said in paragraph 3 requires that qualification which you have just made ?—Yes, as almost every statement requires qualification.

157. I am only going to refer to one more, and that is paragraph 4 (c). 2,057 cases were brought to the hospital in ambulances. That comprises all cases, I suppose, all cases brought in by ambulance, not necessarily cases of accident or sudden illness occurring in the streets ?—No, those are accidents and sudden illnesses brought in London County Council or City ambulances. As I have said before, I limit my answers to the particular class of case.

158. Viscount HAMBLEDEN : You would keep in your accident wards a case of simple fracture ? —It depends on the position of the fracture, and the actual fracture, does not it, Sir ? I mean there are certain fractures ; fractures of the lower limbs, *e.g.*, which almost without exception, are taken into the ward. I think Sir George Makins will know that is the general practice ; upper limb fractures are not, unless there is anything peculiar.

159. Supposing it is possible to give that information which is suggested about vacant beds, do you think that it would be advisable for the ambulance conductor to have to take the responsibility of taking a casualty past the nearest place where he could get skilled advice, even though there may not possibly be a vacant bed ?—No. My view is rather that the determining factor as to where the case should be taken is the nearest hospital.

160. I think so. It might be better for the case to be admitted to somewhere where he could have skilled attention ?—Even though he might not be admitted.

161. And sent on subsequently to another hospital ?—Yes, that is my view.

162. The CHAIRMAN : In the extract from Service Orders which were put in by a representative of the London County Council Ambulance Service last time, I see that under the heading, "Southwark Hospital"—that is the infirmary ?—Yes.

163. It is stated that it only admits patients from the Southwark district, and does not receive ordinary cases occurring in the neighbourhood ?—That is so ; we are well aware of that.

165. The CHAIRMAN : Would it, in your opinion, be advantageous for those who suffer from accident or emergency in public streets, or public places if, instead, as is the case now, some infirmaries refused admission if the person has no settlement in their district, if all infirmaries in London were made equally available for such cases as might require admission to them, irrespective of district or settlement ?—I think it would be a very great advantage, Sir, in London if every Poor Law Infirmary were available for the immediate reception of accident and urgent cases, irrespective of the district in which they reside, leaving their subsequent transfer to the Poor Law Authorities.

166. Sir GEORGE MAKINS : You think there is no danger of the infirmaries gradually taking the major part of the accident cases. I mean from the point of view of the infirmary not being so satisfactory in the case of a patient, yet it may be much easier for the ambulance to go to. It seems to me it is not wise to run any risk of increasing the number of street accidents which go to the infirmary ?—I think you can safeguard that by putting in some such phrase as, "On the recommendation of a hospital" ?

167. Yes, that, of course, would make a difference.

168. The CHAIRMAN : In paragraph 4 (c) you said, "2,057 cases were brought to the hospital in ambulances. Of these 1,233 were sent home, as the injury appeared too trivial to necessitate admission to an institution, 650 were admitted to the hospital and 174 were sent to an infirmary." Do you desire to add anything as to the proportion of cases which went to the infirmary, as against those who were admitted to the hospital ?—No, I have put a qualifying statement at the end of that paragraph. Among the 174 cases sent to the infirmary would be included the small proportion of cases which were so referred owing to lack of accommodation in the hospital. I might add to that the other cases being referred because in the opinion of the medical officers of the hospital they were more suitable for admission to an infirmary than to the wards of the hospital of a teaching school.

169. You have spoken of cases in which Guy's has communicated with other hospitals with a view to the admission of patients to them. Have you similarly had experience of Guy's being applied to through the telephone by other hospitals as to the admission of patients in to Guy's ?—Yes.

170. What is your experience in regard to that ? —In our experience we have been asked to admit cases by other hospitals, and if we cannot we tell them so, and they probably try another hospital.

171. Is it a reciprocal arrangement between any particular hospitals or others as well ?—Others as well. It is a friendly arrangement. One house surgeon rings up another and says, "we have got such and such a case, can you take it in" ?

172. Have you had any difficulty with regard to the London County Council Ambulance Service, or the City Ambulance Service as to ambulances being kept waiting ?—As far as we are concerned, I think the London County Council Ambulance Service is exceedingly good. We had complaints some years ago from the London County Council as to ambulances being kept waiting too long when they came to the hospital, and we went into those cases of delay, and we have done our best to stop the ambulances being kept waiting too long. I believe the London County Council ambulances will not wait longer than 15 minutes, which is, I think, rather a sufficient time.

173. In order to be back in the public interest ? —I think, in the public interest, that is true.

174. Viscount HAMBLEDEN : I think we were told by one of the witnesses at the last meeting that they were not allowed to stop at all, that they certainly were not allowed to take a case which they had brought to the hospital to another. We were told that. I think they said definitely that they were not allowed to stop there ?—I should not like to say definitely about that.

175. The CHAIRMAN : The representative of the London County Council said that directly the case was deposited in the hospital the ambulance at once returned to its station so as to be available for further service ?—Yes, but I think the London County Council, if it were decided that the case were not suitable for admission to the hospital, or could not be taken, will, if it was brought in in the first instance by the London County Council ambulance, at our request send the ambulance again to fetch it to the institution to which we desire to send it.

176. We were told that is another call, that is

what is called a removal case?—The first ambulance does not remain long, probably not even a quarter of an hour. I think that is a favour which is very much appreciated on the part of hospitals, and is so much in the public interest.

The CHAIRMAN: The Committee is very much obliged to you for the very valuable information you have put before it.

(The Witness withdrew.)

(Adjourned.)

KING EDWARD'S HOSPITAL FUND FOR LONDON.

MINUTES OF EVIDENCE

TAKEN BEFORE THE

AMBULANCE CASES DISPOSAL COMMITTEE

AT THE OFFICES OF THE FUND,

7 WALBROOK, LONDON, E.C.

ON

WEDNESDAY, 25th JULY, 1923.

PRESENT:

SIR WILLIAM COLLINS, *in the Chair*,
VISCOUNT HAMBLEDEN,
LORD STANMORE,
SIR GEORGE MAKINS,
SIR JOHN ROSE BRADFORD,
MR. LEONARD L. COHEN,

(*Transcript from the Shorthand Notes of* MESSRS. GEORGE WALPOLE & CO., *Portugal Street Buildings, Lincoln's Inn, London, W.C.2.*)

THIRD DAY.

MR. FRANK BRIANT, M.P., called and examined.

177. The CHAIRMAN: You are Member of Parliament for North Lambeth ?—That is so.

178. For many years you were on the London County Council ?—That is so.

179. You are on the Lambeth Board of Guardians ?—Yes.

180. And on the Lambeth Metropolitan Borough Council ?—Yes.

181. The origin of this Committee was partly due, I think, to a suggestion from the Ministry of Health, through the Voluntary Hospitals Commission, that King Edward's Hospital Fund might usefully consider some points which were contained in a question put by you to the Minister of Health on March 21st of this year. Have you the question before you ?—No, I am afraid I have not.

182. Perhaps I had better read it: "To ask the Minister of Health if his attention has been called to the frequent delay in the removal of persons by ambulance after street accidents in London to Hospitals, etc., where they can be received: if he is aware that persons in a critical condition are sometimes taken to an institution

where they are refused admission owing to the lack of vacant beds, and that a second journey has to be taken before actual admission to another institution is obtained, thus involving danger to life, and much avoidable suffering; and if further co-ordination between the ambulance and Hospital or Infirmary authorities can be attained by which daily reports of institutional accommodation available can be in the possession of the ambulance authorities and the police so that the delay in obtaining proper attention can be avoided." The answer is: "Cases of delay undoubtedly occur, though I have no evidence that they are of frequent occurrence. I have referred the Hon. Member's suggestion to the Voluntary Hospitals Commission with a request that it should be brought to the notice of King Edward's Hospital Fund acting as the Local Voluntary Hospitals Committee for London, and the Local Voluntary Hospital Committees surrounding the Metropolitan area." The reference to this Committee is to ascertain the present methods whereby cases of persons who meet with street accidents or sudden illness are removed to institutions and whether a suggestion that a return of beds vacant should be communicated to the

police and ambulance authorities is likely to be a practical remedy. The Committee will be pleased to have any information you are able to give them on the subject ?—I do not know whether I have your original reference of this Committee ; whether the scope has been enlarged ; I understood there was some intention of enlarging it. You will stop me if I am out of order. I do not know whether you wish for information dealing with cases which led to my question. As a matter of fact my Board of Guardians, of which I have been a member 25 years, made representations to the London County Council with a view to some better co-operation as regards institutional accommodation. A Conference was held at the Ministry of Health, but nothing was done. I do not say cases occur with great frequency ; I do not want to exaggerate at all, but there are a sufficient number of cases which seemed to me to warrant some action being taken, and that led to my question. Perhaps it might help you if I gave you some facts with reference to the Lambeth Infirmary (or, as we call it, the Lambeth Hospital), because we may be—I do not know that we are—typical, probably we are typical of other institutions. I am not here to say what other Hospitals do, but ours is an ordinary one. First of all, we are in rather a singular position. I believe from the London County Council itself the information came last year or the year before—I cannot give the figures up to date—that 2·3 per cent. of all calls of London County Council ambulances are taken to our infirmary, Lambeth Hospital. That is a very large proportion : it seems on the face of it an undoubtedly large proportion to come to us. It does not mean, of course, that those cases all go on to a Hospital first, not necessarily at all ; but the Ambulance Service brings 2·3 per cent. of all calls to our infirmary, and out of those cases a considerable number, according to our Medical Superintendent, are taken first of all to a Hospital, and out of those cases in his estimate there is also a large number of cases of such gravity that if there was no danger to life through the delay in getting into an institution there was at least a considerable amount of needless pain.

183. Who is your Medical Officer ?—Mr. Baly. I cannot say more than that. It is obviously not possible without taking each case, and even then, not being a medical man, I could not give you much information, but may I say that the Medical Officer is preparing for me a statement, covering a large number of months, of cases that have been referred on from Hospitals in which he thinks life was in danger, or at any rate unnecessary pain was inflicted. That memorandum, directly I receive it, I will send on to you in case it may be of use to you later on. That will contain actual particulars of cases, not simply the number of cases.

184. Cases previously taken to Hospitals, refused admission there, and sent on to the Lambeth Infirmary ?—Yes. When I say refused admission, of course in some cases first aid may have been given, but not taken into a bed. You are also aware probably, Gentlemen, that in an Infirmary the conditions are entirely different from the conditions in an ordinary Hospital—that is to say, a case of sudden and urgent necessity *has* to be taken in. In the ordinary way a relieving officer's order for admission is required, but all sudden and urgent cases are admitted if, in the opinion of our Medical Officer, they are urgent ; and in the course of a year, of course, a very large number of cases come in that way.

185. Are you speaking of the practice in the Lambeth Infirmary or the general practice in the Metropolitan Infirmaries ?—I should imagine—at least I hope so—it must be admitted. It is a question of degree how far it is admitted in other institutions, but as far as I have helped to carry out the policy of my Board I have always said that questions as to responsibility or chargeability or other questions in relation to pay for attention must necessarily be second when you are face to face with a person who needs urgent assistance, medical assistance. Those things can wait ; the condition of the patient possibly cannot. I should think that was adopted by all Boards of Guardians, and was the general attitude in regard to the admission of patients.

186. I think the Committee has already been informed of cases in which some Infirmaries in London do not admit patients who do not belong to their district or their settlement ?—Well, I want to be quite clear. We should not admit such a case if we felt their physical condition was such that they could be perfectly safely removed to their own parish ; but we have a very large number of persons who do not belong to Lambeth admitted into our Infirmary, and I have been so anxious, and the Medical Officer's staff is anxious, that no person should suffer from that kind of delay. No one knows better than you that many a man or woman who has met with a bad accident is not particularly coherent. They may be, indeed, in such a condition that anything like a cross-examination as to where their settlement is would be absolute cruelty. The first thing in our opinion is, admit the person if it is at all urgent, and deal with any question of settlement or anything else later on.

187. Do I understand it is the practice of the Lambeth Infirmary that if a street casualty, either accident or sudden illness, requiring in-patient attention is brought, such case is admitted irrespective of any question of residence or settlement ?—Yes, subject, I think you understand, to the condition of the patient being such as they cannot with safety and without needless pain be removed to their own parish. That is quite an exception. We go as far as asking them to remove such cases. The estimate of our Medical Officer, and I agree it is only a rough estimate, is that in the course of a year there are roughly 200 cases which are actually brought to our Infirmary by London County Council ambulances which have been previously to a Hospital, in which there is, as I say, either danger or unnecessary pain caused by the delay, the necessary delay, in the transference from institution to institution.

188. Do you mean they are cases that ought to receive Hospital attention ?—Yes, institutional treatment. You will understand I am not criticising the Hospitals, because I know their position in regard to beds. I am not saying the Hospital could have had them ; all I say is they require institutional attention, and if necessary they ought to have been brought up to us first ; but they should be taken to some institution.

189. Is distinction made between cases which are not admitted because they were deemed ineligible for Hospital treatment and cases which were not admitted by reason of insufficient accommodation, and so on ?—Perhaps I might give you a few actual cases.

190. If you please ?—I will take this at random, but there are a great number of cases, but take this as a case : an old man met with an accident on Brixton Hill.

191. When ?—This is 1922, as a matter of fact—only last year. He was taken to a Hospital

suffering from serious injuries. Here first aid only was rendered, and then as the Hospital authorities had not a vacant bed in the institution for a casualty case, the man was taken on to the Infirmary, where he died six hours after admission.

192. What Hospital was that ?—King's College.

193. What was the date in 1922 ?—I am afraid I cannot give you the exact date ; it is entered in our Minutes on the 29th March, 1922, therefore it must be within a few weeks of that. You will see that is a specific case where it appeared to us that if a man was in such a condition that he died within six hours after admission, it was a condition in which he ought to be admitted, if possible, straight to an institution.

194. Was that an accident case ?—An accident case.

195. What was the nature of the injury ?—I do not know. We have only got it that they were serious injuries, and he died from them within six hours—six hours after admission to our Infirmary.

196. Had the Hospital 'phoned to Lambeth Infirmary, or is it a practice of Hospitals to 'phone to the Infirmary ?—Very often not. There may be cases where they do, but I should think more often not. Here is another case—I am only giving you a few samples without wearying you. This was this year ; it is an extract from the Minutes of our Hospital Committee of the 7th February, 1923 : William Murphy, 43, fell down a lift-well for a distance of five storeys and was taken in a London County Council ambulance to St. Mary's Hospital, Paddington, where after receiving emergency treatment he was referred to the Lambeth Hospital, and upon admission there it was found that the man was suffering from a fracture of the bones of both feet and the pelvis, and a possible fracture or injury to the spine.

197. Did he recover ?—I think he recovered ; I have not the actual information, but I believe he recovered ; you will see the injury was serious when he fell down a lift-well for a distance of five storeys.

198. Was he a resident of Lambeth ?—No, I do not think so at all.

199. Why did St. Mary's refer him to Lambeth ?—That I am not sure ; I cannot tell you why they did that. Even if he was, that would not alter my relation to the case. We should say it does not matter whether the man lives at Paddington. The man is here suffering from serious injuries, and should not be conveyed a very long distance.

200. It seems so strange that he should be conveyed from St. Mary's past many other Hospitals and institutions down to Lambeth ? It may be they 'phoned to them ; I am not sure.

201. Sir JOHN ROSE BRADFORD : Where did the accident happen ?—That, they have not given us ; these are reports referred to the Committee in which several details are not given. I can get all this if you require it. Perhaps I may correct myself ; I think it does say here ; yes, I beg your pardon, the man was a Lambeth man—it seems to suggest the man was a Lambeth man. Of course, my whole point of that is I am indifferent as to where the man lives ; I am pointing out that a man fell five storeys, and was suffering from a number of injuries, some of which I have enumerated, and had to be conveyed a very long distance. That is my whole point in that. There is another case here ; this is also March, 1923 : A man fell from some scaffolding at a height of four storeys in Commercial Road, Blackfriars.

202. The CHAIRMAN : Do you know his name ?—Yes, William David Hart. He was taken to St. Thomas' Hospital, and subsequently brought to the Guardians' Institution in a London County Council ambulance. The exact nature of his injuries cannot be ascertained—that was when this was written—but I do not think they would be very serious ; but that was the fact. Another factor in regard to this case is that his place of residence is in Southwark, so he was not conveyed to us simply because he was a Lambeth man.

203. Was his condition prejudiced by the transfer ?—The man was suffering from severe shock, but I think our Medical Officer would not go so far as to state he thinks that it was prejudiced. My impression is that he would not say so. It is one of those difficult cases, but he would not commit himself to say the case was prejudiced. I have many here if you wish them. Another case—some time ago, it is true—a rather extreme case was in 1921. Of course, I may say that, unless there is something very serious about these cases they are not reported to us, not every case of transference from a Hospital in a London County Council ambulance ; though in the last few months our Medical Officer is keeping an account of all the cases, and it is that account which I will supply you with later, a full detailed account of all the cases that have been taken to a Hospital and transferred to us. I thought you might like to look at that at your leisure.

204. Would he be available as a witness ?—Oh, he certainly would come with pleasure, I am sure. This, as I say, was in 1921.

205. What month ?—February, 1921. The patient was aged 66 years, and was knocked down by a motor car at 9 p.m., and sustained severe injuries. She was taken to King's College Hospital, and afterwards removed to the Infirmary, where she was admitted at 12.15, three and a quarter hours afterwards.

206. What was her name ?—That I have not got, they have not put that in. My impression was that woman died subsequently, but that I am not certain about. The Hospital stated there was no available bed, which I have no doubt was the case. I have a number of cases more or less of a serious character, but those are the type of cases. Here is another one. This is earlier still, 1920 : A patient suffering from a fractured skull and athenia and taken to a hospital, and then transferred to us.

207. What was the name and the date ?—The name I cannot give you, but it is roughly about November, 1920. As I say, these are a very small proportion of the cases which are actually returned in detail to us ; we do not usually have them. I am saying that cases which seem to be of a very serious nature, and where it may be advisable to communicate to the Hospital, shall be reported to us. We automatically, every month I think it is, receive a report before our Committee (at my request it was made) of cases sent on from Hospitals which seemed to be a more serious type than the average case.

208. Do you suggest that these cases should not be sent on from the Hospital to the Infirmary ?—Yes. Well, I do not suggest so much that they should not be sent from the Hospital to the Infirmary ; what I suggest is, they should have gone to the institution where they could have been received ; that might have been the Infirmary and not the Hospital. I think you follow my position, which is a very difficult one, because I want carefully to make myself quite clear : this is not a question of criticism of the Hospital ; it is a question of the connection between the

Ambulance Service and the Institution, Hospital or Poor Law Institution where they can be received direct. That is all my position. I mean, I recognise at once I have no doubt these Hospitals are absolutely correct; they may have two or three vacant beds, but they cannot afford them for accident cases, or they may be absolutely full up; whereas we in the Infirmary do not know such a thing as being full, because we take them in whether every ordinary bed is full or not. I have been in an Infirmary where we have had to put beds on the floor; we are elastic in our accommodation, and have to be.

209. Do you suggest that Metropolitan Infirmaries should be as available for cases of serious street accidents or illness as Hospitals?—Yes. I say further, I should imagine—though I have not the figures—it is very probable that as many cases go to the Infirmaries as to Hospitals, and I add to that, that I do not think the Hospitals with the present accommodation available, or, shall I say, beds open—I mean there are some Hospitals with beds which they have not got the money to open—could not possibly take all the accident cases; I do not think it is possible they could. Let me give you an instance up to date. These are frequent, but it is an illustration of my method of dealing with them, and it may be useful to the Committee. Three cases were brought yesterday to our Infirmary in the County Council ambulance, not having been to the Hospital—not having been to the Hospital. I want to make that clear. Out of those, two were persons who obviously did not need institutional treatment, and went away after a rest there in the institution for a time, or it may be for some first aid. Of course, as you know, Sir, a man falls down in a fit in the street; the County Council ambulance is quite rightly called. The ordinary person, not knowing what kind of a fit it is, or what it means, very frequently takes them direct to us. That person, as you know, may be all right in two or three hours, quite able to go home. Epileptic people having fits fairly frequently do not want a bed so much, but require care for the time being, and then they are discharged, it may be after an hour or two.

210. That means it is not every case which is brought by an ambulance along to a Hospital or Infirmary which needs in-patient treatment?—Oh, quite; I want to make that very clear, because I think one will altogether misunderstand the whole problem, and also I mean it may seem terribly unfair to Hospitals or any institution if one assumes that every case which the ambulance picks up ought to go into the institution. I do not think that is so. For instance, you will find men and women will have very bad fits; I do not think it is at all unusual, and it may be far the best thing that the London County Council ambulance should take them away; but that does not mean that they should be retained in the institution. The precautions taken by the police and the ambulance attendants should, I think, be on the side of safety. At most they are not medical men, and if they are in doubt I think they, perfectly rightly from my point of view, take them to an institution. If it turns out there is anything serious they may be retained. I think that is the right attitude to take from my point of view.

211. Do you suggest the ambulance people should take the case to the nearest available institution, whether it be a Hospital or Infirmary?—I do. Of course, my whole position is, so far as the care of the sick is concerned, indeed, whether it is institutional or otherwise—particularly institutional—I do not differentiate between the two types of institutions; I think they both should be at the service of the sick regardless of anything else whatever. That is my present attitude; it may not be the attitude of everybody I am connected with, or even of my Board, but my own feeling is the one condition is the urgency, the necessity of the case, and the need of an institution, that necessitates giving the most rapid treatment they can to the case. I may add to what I told you about the three cases, two were not admitted after being retained, I think. In one case they wanted to admit the case, and the patient refused to come in, simply would not come in, and he had to go home because he would not come in. Cases like that are very frequently coming—very frequently, I am informed. There is another point which seems to me of some importance. You will remember, Sir, at the conversation we had I asked a question about the police.

212. Do you mean at the Ministry of Health?—At the Ministry of Health. I asked a question about police ambulances, which, as you know, in every case are hand ambulances, wheeled vehicles, pushed by hand. Personally, I was not quite satisfied with the answer. If you remember, I asked the representative of the police if in his opinion had a London County Council ambulance been available would it not have been better for the patients if they were taken to an institution in those instead of in the hand ambulances, and he said, yes. Since then I have been trying to get some figures which I do not think were available—unless you have them here—that is the number of cases that actually are taken by police ambulances, which I venture to suggest is a somewhat primitive method of conveyance. I managed to get, after asking a question last week, an answer to a question, and this may be of interest to you, if not in regard to my evidence, on some future points: "I am desired by the Home Secretary to inform you the number of cases in which persons suffering from accidents or sudden illness were conveyed by the hand ambulances of the Metropolitan Police to Hospitals or Infirmaries was 1,120 in 1920, 1,958 in 1921, and 842 in 1922," apparently a slowly reducing but still a reducing figure. It may be of interest to you that I have made enquiries only this morning, and taking our own institution, I believe in the memory of the porters we have only had one such case brought by the police within the last 12 months; they can only remember one case. These 800 odd do not come to us, and I put that down—I do not know whether I am right in my assumption—to the fact that we are fairly near two ambulance centres. The London County Council ambulances are available easier than they might be in other parts of London; I think probably that is why it is. I cannot explain it, but it is an interesting thing it should be so. The Medical Officer did not remember one when I asked him, but I went with him and asked the porter to make quite sure, and he said Yes, he did remember one in 12 months.

213. In Lambeth, then, you are not in the position of instituting a comparison between the condition of cases arriving in the wheeled litters and in the motor ambulances?—Not at all; I am not in a position from personal knowledge—only from inferences, of general knowledge, but that is interesting. I do not know if I am right, but the reduction in the figures on the face of them appears to be due to the increasing

improvement, I should think, of the London County Council ambulance district. I do not know whether it is so.

214. Sir GEORGE MAKINS: Of course, the wheeled litter is sometimes very easy to get. As it happens, one stands outside my house, and I see them come and fetch it; it is quite close to St. George's, and they run a patient round in five minutes, whereas if they had to get a London County Council ambulance it would take some time very often ?—What you say is probably also correct; it depends a great deal upon the situation of the police ambulance. If it is very near an institution, probably it would be quicker, but I do not think the mode of conveyance is so good. One can imagine some parts where a very big Hospital is situated in a crowded thoroughfare, even the London Hospital, where they may have a police ambulance just by. I imagine there are a fair proportion of accidents near there, and it might be quicker to pick them up. I am only giving you the figures and leaving you to draw your deduction; it is not for me to draw it. There is another point which I should just like to say something on, and that is the practical point of the number of vacant beds. I have no right to speak with authority on the matter at all, but I cannot help believing that the Hospitals have not enough vacant beds to deal with accident cases—have not enough available beds. Some Hospitals, King's College Hospital, I think, probably has got some hundreds of beds which are empty because they have not the money to use them; therefore, when I say beds, I mean beds available in the sense of beds being open. I think the only possible solution of this matter would be for every Hospital to set apart a certain number of definite accident beds, street accident beds; and supposing they set apart ten—I am only using these figures as speculative figures—then if those ten beds happen to be full up one morning, they had a large number of cases the day before, they would 'phone up in the morning to the ambulance centres and to the police: "No room for accidents," and the police would go to the next Hospital which had available beds, leaving, as I always do, the fact open that if it should be near a Poor Law Infirmary, I should say take them to the Poor Law Infirmary. But, assuming that the Hospitals are going to saddle themselves, as they always have done in the past, with a large number of these accident cases, then I think they should have a very definite number of beds set apart for that, and I think it would be worth while the public supporting that, for their own sake. I might also venture to say I can think of nothing more disastrous to the finances of the Hospital than that the general public should have an idea that accident cases cannot be taken in. Of course, quite wrongly, the average person in the street imagines the Hospital exists for accidents. To a large extent I do not think it does; but I think it would have a very bad effect upon the finances of Hospitals if the general public had a general idea that accidents had not to be taken there, or they would not deal with them. That is my own private opinion about that.

215. The CHAIRMAN: In regard to the suggestion about vacant beds, is the suggestion only that the Hospitals should inform the Ambulance Authorities, or the Police, or both, when there are *no* vacant beds ?—Well, I did not mean necessarily when there are no beds. I should think they could say every morning: "We have five beds," or whatever it may be, 10, 15 or 20.

216. One wants to get at what is the practical suggestion. Is it that every Hospital and Infirmary should communicate with the different Ambulance Authorities ?—Honestly, Sir, and I am speaking with sincerity, it is hardly necessary to say that your experience is, of course, wider than mine in the question of Infirmaries, and you have thrown some little doubt upon what I thought was the fact that Infirmaries adopt the general principle of not rejecting an urgent case. But as there seems some doubt about the position, in fairness to some Infirmaries I should think, at any rate, before suggesting that, they should be consulted to see if they are willing to fall in with the general scheme. I think every institution would be willing, at even great sacrifice. Infirmaries often have too many patients, undoubtedly, and are sometimes understaffed, but every Institution has to put up with something, and I think they ought to be willing to assent to a general scheme, and if there are some institutions which will not give such an undertaking, as I think I am able to give for my own, I should think they might adopt the same course as the Hospitals, and say: "Well, we will keep 10 beds or 15 beds or 20 beds, or whatever is necessary for accidents, and each institution could then ring up the police and the ambulances and say 'We have so many beds available.'"

217. Who should inform them and who should be informed ?—The ambulances have headquarters. It seems to me that whoever is responsible at the Hospital—the Steward or whoever it may be—could have that figure given to him every morning quite easily, and it is very simple if they allocated a certain number of their vacant beds for it. I mean if you have got 10 beds, well, it does not need any amount of enquiry. If they can say there are three vacant beds, I see no reason why that should not be 'phoned direct to the ambulance headquarters, who themselves could 'phone up to their various branches; and similarly with the police.

218. Every Hospital, and possibly every institution, should every morning communicate with the police and the Ambulance Authorities ?—It is not a very long job; they have a great many more things than that to do every day. It is not a very big task; messages are going every day to the police, and certainly to the ambulances.

219. When the ambulance headquarters have got the information, they are then to distribute it to the different sub-stations of the Ambulance Authorities ?—In my opinion, it is perfectly useless for them to put up a card. It cannot take much time to distribute the information to the headquarters of the ambulances; one 'phone message a day to a dozen or so places would have done it. But I go further than that; that is useless from my point of view, unless it is conveyed to the particular ambulance stations where they work from.

220. We have been told that one difficulty which occurs is that the number of vacant beds which may be returned at 9 o'clock in the morning may be either filled or greatly reduced in number in the course of an hour or two ?—Well, I think that is hardly a correct statement of the case. If we take for granted that these are accident beds, how are the accidents brought in ? The accidents are brought in by the ambulances. The ambulance of any centre, if it is informed, would know to some extent the number of beds available. The ambulance, for instance, that would normally go to St. Thomas's Hospital would know: "I have taken three cases there to-day,"

and if there was any doubt, it is not at all difficult to telephone; but, broadly speaking, I do not think they would be very far out if they eventually have so many beds set apart. Of course, the Hospital does not have its own ambulances; they are nearly always taken by London County Council ambulances. I do not think in practice it would mean much work, and in practice I should think it would mean an immense saving of time.

221. What would be the directions that should be given to the person in charge of the ambulances? Should it be that he should take the injured or sick person to the nearest Institution, or should he have first to refer to the list of vacant beds to see where vacant beds may be available?—Well, of course, it is obviously no use referring to it after he has gone to the Institution. I think at every ambulance station, for instance, there should be put up a list, and before the man starts out, before he sees the accident, he would know; it is not a question of much memorising. Supposing he was in South London, he would say: "Well, look here, I know there are so many beds at King's College; I know there are so many at St. Thomas's." It is on the board in front of his eyes where he works: he knows all about it, and he sees there are two beds at St. Thomas's, and he takes the case straight up to St. Thomas's. He could not be far out. Let me take the practical working of the Hospitals. Take South London. The South London Hospitals are practically fed by cases of accident that occur in South London, not entirely, but very nearly. Of course, there is this point also, that a very large proportion of the ordinary accident cases are very often not very long cases. There again I confess I ought not to say anything, not being a medical man, but if my own personal experience is worth anything, I should say a very large number of cases are cases where bones may be broken, ribs or something of that sort, and if the injuries are comparatively simple, they may be at any rate in a condition to be discharged in a day or two. If there is any doubt they would have X-rays, and they would know if there was anything more serious than appears on the surface. A very large number of simple accident cases it is not necessary to retain long, but it may be necessary to retain them for 24 hours or 48 hours for the purpose of observation to see if there is any more serious trouble. Of course, again I am open to correction on these matters: I am only giving a layman's point of view.

222. The CHAIRMAN: Is there any other point you would wish to bring before the Committee?—I do not think so, unless there is any point that may have come out which you may wish to ask me questions upon.

223. Viscount HAMBLEDEN: I would like to ask Mr. Briant whether he has considered this particular point; it is a question I have asked other witnesses as well. It is this: Is it not, in some cases at any rate, quite likely that a case of serious accident might be taken past the door of an Institution which could give it first aid another mile and a half on to an Institution which could take it in. You see, as I understand it, the ambulance comes along, and the ambulance conductor is the responsible person who decides where the case is to be taken?—Yes.

224. If you lay it down as a rule that a case is not to be taken anywhere except to an Institution which has available beds, you will also lay upon him the responsibility very likely of taking a case past an institution which can give it first aid?—Yes; I see your point, but I do not think that is a practical difficulty. Take, for instance, a case of a considerable amount of hæmorrhage. That is the sort of thing that an ambulance attendant does know something about, and it is a case in which he could give first aid.

225. When I say first aid, of course I mean the sort of first aid that would be given in a Hospital casualty department?—Yes, though, quite possibly, there is first aid and first aid. You have given me a case of a mile and a half off. What does it mean? It means a question of a few minutes at the outside. It means a question of a few minutes whether a person should be taken to an Institution where he can not only have first aid but proper aid, and may be at once transferred to bed, or whether it means on the chance of taking him to an Institution where, if it is a bad case, first aid will not be sufficient and institutional treatment would be essential. As regards simple first aid, ordinary first aid can be rendered by the attendants or the police, probably the attendants best, and there is no such desperate hurry for it. There would be a desperate hurry in a case where Hospital treatment would be very effective and where the great thing is, I presume, to give proper aid and put the patient in a bed.

226. I am only asking you whether you think it is fair to lay upon the ambulance attendant that responsibility?—I do, because already Ambulance Authorities have an order laid upon them, some sort of responsibility which I cannot quite analyse, in a selection of cases as to which should go to Infirmaries and which to Hospitals. They do already exercise some sort of discretion. I cannot tell you how they do exercise it—it seems so extremely vague. I should be extremely sorry to have the ambulance attendant to interpret it, but they do exercise discretion rightly or wrongly. In fact, take one individual case, the risk of having another four miles' ride in an ambulance. If it is a simple hæmorrhage some sort of preliminary binding would be required. If it was taken into an Institution and was not properly treated, and then was sent on to another Institution, the patient would suffer from the danger of being conveyed out again, and another transference into another place, which may mean an hour or two, as it has occurred, and does occur. I cannot but think in a case like that there must be grave danger, anyhow a terrible mental strain.

227. I am not a professional man?—I am only speaking as a layman.

228. I should have thought that it was rather a difficult position to put the ambulance driver in?—It is difficult, I agree.

229. Sir JOHN ROSE BRADFORD: With regard to your suggestion that a certain number of beds should be allocated in each Hospital to accident cases, you realise that that might seriously affect the Hospital's capacity to deal with its other work?—Oh, I recognise that, to that extent. I do not think there would be an enormous number of beds necessary.

230. You mentioned 10?—Yes. I cannot tie myself down to 10, because I am not in possession of the figures of the number of accidents which occur in London; I am only saying 10. I do not certainly tie myself down to that figure, because you probably have figures, and I have not, of the number of accidents that occur every year which require institutional treatment.

231. The number of accidents requiring hospital treatment is a very small proportion of the number of patients in the Hospital, is not it?—Yes, and 10 is a very small proportion of the beds available.

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232. That depends on the size of the Hospital, does not it ?—If it is a small area, probably there would be a smaller proportion of beds.

233. But you agree ?—If Hospitals take up the position—but they do not take up the position—that they cannot deal with accident cases then I agree; but Hospitals do already. Then some other institution would have to take up the question of accidents. Hospitals do not take that position. They say now, "We deal with accidents."

234. Have you any instance of where a patient has lost his life, or suffered any serious inconvenience as a result of not having been admitted into a Hospital ?—Well, I rather hesitate to give an opinion on those matters.

235. Have you any instance ?—Well, I have an instance in my mind, which I cannot help thinking must have been so. I think it must have been so in the instance I gave you when you read of those multiple injuries.

236. We had an instance given to us which you mentioned, in which a patient died six hours after; but I mean, is there any evidence that after admission to a Hospital his death was in any way brought about by his not having been admitted to a Hospital earlier ?—No, and I think you would find most medical men would hesitate very much in giving an opinion about that.

237. I only want to know whether you have any evidence to that effect ?—No, for this reason, if you will excuse me putting it this way: I do not think a Medical Superintendent would care to take the responsibility of saying that that delay caused the man's death. I think the Medical Superintendent quite rightly would hesitate to give a definite opinion like that.

238. Mr. COHEN: I should like to ask one question about this proposal that a Hospital should reserve for accidents, as an illustration, 10 beds. I should like to know how the figure would work in practice. A morning return would be no use unless it were kept up during the day, and that would involve, I think it is, 115 Hospitals in the London County area, and the Infirmaries in addition. They would have to communicate during the day the status of the empty beds reserved for accidents, and the headquarters of the ambulance system, and the ambulance system would have to sub-divide that intelligence amongst the existing seven Stations, soon to be increased to 10; and, therefore, there would be an enormous amount of work to be kept up during the day if you are to obviate one of the existing evils, that is taking a patient to a Hospital or an Infirmary where there is no room for him. Do you think your system of having ten beds reserved for accidents would mitigate the present evils of the situation, having regard to the amount of work that is involved in keeping it available ?—Yes, I do, as a whole. I mean there is always this alternative—an important alternative—that every Ambulance Station should have—well, it has—a telephone attached to it. I see no reason why there should not be a general instruction to the ambulance before it starts. After all, an ambulance can afford another minute in an important matter like this on which so much depends, to 'phone if they like. They have heard from St. Thomas's, say, in the morning that there are 10 beds available. The accident occurs at 2 o'clock mid-day. There is no possible reason, considering the importance of the question, they should not ring up: "What beds are available ?" The question involved in some of these cases is not a question of simply waiting five minutes, it is a question of hours before they can get to a Hospital where they can be received. It is not just a question where a person is waiting 10 minutes longer before he can be received; many hours are involved, and it seems to me fully worth while expending even three or four minutes finding out if beds are available. Of course, I grant at once that only experience can show how far it is effective. You have the figures of the number of accidents, and it is very easy to find the districts in which they occur. Some districts must have a larger number of accidents than others, owing to a larger amount of traffic.

239. Sir GEORGE MAKINS: I do not think I have anything to ask. I will point out that in some ways telephoning to the Hospital might not be altogether satisfactory, because the admitting officers of the Hospital are human, and they very often overfill their beds if a person is brought there. Infirmaries may take them all, but after all the Hospital does not refuse a very great many. If there are serious cases brought, as a rule they will manage to push them in somewhere. If you telephone he may say, "No, I am full," and you lose your chance. It strikes me as a practical difficulty ?—I may say on that, that absolute figures do not seem to bear that out. Somehow or other they may take in a great many people, possibly more than they have proper room for, but the net result is they do still refuse a very large number of cases.

240. I think that is quite true. I think the majority of them are cases which may be called border-line cases ?—Yes, I agree.

241. Viscount HAMBLEDEN: Is not it a fact that the total delay is sometimes due to the fact that the Hospital, although it cannot take a patient in, does give him or her a little time in order to allow him to recover sufficiently before he is sent on to another Institution ?—That may be so. Of course I agree that is so in a great many cases, but there are a great many other cases. I do not think that can be the whole explanation, because you know that in a Hospital when it is very busy—and I have been in many Hospitals when they are busy—it is very difficult for them to attend to patients even in the order in which they require attention; it is very difficult to pick and choose patients. They have a long line of patients each hour, and accident cases come in frequently, and it may be some little time before the doctor there can diagnose the cases.

242. That would hardly apply to casualties, would it ?—Even to those to some extent, I should think. I agree there is something in your point; I agree with that.

243. There is one other point I want to ask you about. I know a good deal about King's College Hospital, and I know, of course, that a certain number of cases are sent on from that Hospital to the Lambeth Infirmary. King's College Hospital, it is true, is just inside the borders of the Borough of Lambeth ?—Yes, I know.

244. But, in fact, it is within a few minutes', a very few minutes', distance of the Camberwell Infirmary, whereas the Lambeth Infirmary is about a mile and a half away. Why is it that it is essential to send our cases from King's College to the Lambeth Infirmary, and not to Camberwell ?—I should think King's College can answer that; I mean it is not a question I can answer, why they should send them to us, except that they regard themselves as, and probably geographically they are, in Lambeth. It may be also that they think the Lambeth Infirmary give them proper treatment, which I think they do. It is a fact

that we do have cases sent to us. I do not want to say it, but it is a fact that a great number of cases are sent to Lambeth Infirmary in preference to other Infirmaries.

245. There is something like two a week from King's College Hospital, as a matter of fact?—Yes, it is comparatively a large number for us, when you realise that we have St. Thomas's Hospital in our district. We have two very large Hospitals; we are very fortunate in that respect in Lambeth, but from the point of view of the ratepayers it is exceedingly unfortunate; but I do not care about that.

246. Have the Camberwell Infirmary ever told your body that they refuse to accept patients sent to King's College?—I do not remember.

247. There must be some reason?—I do not know whether Camberwell does refuse; you may send on a large number to Camberwell, for all I know.

248. No, I think not?—That is very singular; there must be some reason for it; I really cannot tell; I mean only King's College can inform you the reason.

249. Some Infirmaries refuse to take patients unless they come from the district in which the Infirmary is situated?—Yes.

250. And it may be that Camberwell say to King's College Hospital: "As soon as a patient is taken to your Hospital he is in the Lambeth district and we will not take him"?—That may be so. Of course we have limits. I do not think we should refuse a patient at the particular moment. We should complain afterwards. Patients live in Southwark, just over the boundary, and are sent on to our Infirmary. If it is an urgent case we take them in, but we suggest that a person living in Southwark should not be taken to our Infirmary, but I do not know what happens.

251. I believe you will find out that a Camberwell man was sent on to your Infirmary from King's College, and died there?—I know it is a fact that a very large proportion of cases are sent on. You know the case I gave at the beginning of my evidence. I think the number of cases sent to us is altogether out of proportion to what we ought to receive—2·3 per cent. out of the whole of London, and we ought not to get anything like that; one out of every 50 comes to our particular institution.

252. The CHAIRMAN: Would you say where it is desirable and necessary to send a patient from a Hospital to an Infirmary that that Hospital should not be bound to send it to the Infirmary of the parish in which the Hospital is situated, if it is not the nearest to the Hospital?—Yes; I may say at once that some long time ago, some few years ago, we had a great deal of trouble through such an enormous number of patients being sent on to our Infirmary, and, as you know, once a patient goes into an Infirmary the power of recovery is difficult, to say the least, when they are living in other parishes. St. Thomas's being just across the bridge one might very easily get a very large number of cases that were not entirely Lambeth cases, and, when they are able to come, walking cases. Anyhow we did object to them being given an order, or rather a statement: "Go to Lambeth Infirmary"; and I made representations—in fact I attended at St. Thomas's Hospital and said: "It is not fair that you should tell everybody to come to Lambeth Infirmary, if they are able to tell you where they belong; they are only piling the expenses of the Institution up." They told me they did not realise it, and they told me it was not done, until I showed them the actual papers.

253. The CHAIRMAN: On behalf of the Committee, I beg to thank you for your attendance here, and for giving us the information you have put before us. Perhaps your Medical Officer will be able to give us some information later on?—I am sure he will be pleased to, and by then he will have got out detailed information which I think will be useful to you.

(The Witness withdrew.)

DR. HUGH GAINSBOROUGH,
called and examined.

254. The CHAIRMAN: You are Assistant Physician and were, until recently, Senior Resident Medical Officer of St. George's Hospital?—Yes.

255. How long were you Senior Resident Medical Officer?—Fifteen months.

256. You have filled up the questionnaire which the Committee has sent you in regard to dealing with ambulance cases?—Yes.

257. In answer to question 2, I think you tell us that the daily average of vacant beds for accident cases, and cases of sudden illness in the street, is approximately four?—Yes.

258. Does that mean that sometimes you have none, and at other times you have more than four?—Yes; it is extraordinarily variable, and one can almost say it is never none, because if there are no beds we always do something in case a case turns up.

259. I see that in answer to the question whether you are ever unable for want of accommodation, to admit such cases when they arrive, and when bed accommodation is advisable for them, you say, no. Is that unqualified; you are never unable to admit such cases?—Well, I have never known it; I think it is quite true.

260. You speak of the area which is served by St. George's Hospital as being a very large one, and it would not be possible to admit cases from other districts without causing congestion. Does that mean that you have regard to some area in London from which you admit cases?—Well, cases do come in very largely from the whole of Chelsea, and the Westminster area, and I think we get as many cases as we can deal with.

261. Would you refuse a case that came from Marylebone or St. Pancras?—No, but we would not like to have an extra area allocated to us, as it were.

262. Is it ever the practice of St. George's to send cases of accident or illness on to Infirmaries?—I should think it practically never occurs; I have never known it occur.

263. Do you ever receive intimation from other Hospitals asking you to take in cases of accident or illness which you are unable to accommodate?—Illness, yes, accident, no. I have not heard of any accident cases being sent on except one which I remember occurred from the West London Hospital.

264. Are you able to say whether cases arriving at St. George's have suffered from delay in bringing them in ambulances?—There are so very few cases arriving from other hospitals it is impossible to say.

265. You consider that the suggestion that has been made, that the police and the ambulance authorities should be notified daily as to the vacant beds available for accident cases or illness, would not be effective; will you tell us why?—Because the number of vacant beds changes so very rapidly. Take the male wards; there may perhaps be in the morning, particularly on a Thursday morning,

after getting rid of the convalescents, half a dozen empty beds, and by the evening the ward may be full.

266. Do you get any intimation from the ambulance or police authorities that a casualty case is arriving except by the arrival of the ambulance with the case?—That is the only intimation we get.

267. You have a suggestion of some alternative method of dealing with this intimation as to vacant beds, have you not?—Yes.

268. What is it?—A suggestion that we keep a board in the porter's lodge stating the number of empty beds available in the accident ward at a given moment.

269. Is that done now?—No, it is not done now. At present the House Surgeon knows exactly how many beds he has got.

270. If such a list were kept in the porter's lodge what do you suggest then should be done?—Well, then, if the Ambulance Authorities wanted to know if we had any beds they could ring up the Hospital, and they could be told the number immediately, because it would be in the porter's lodge where our telephones are; there would be no delay in answering their question.

271. You mean information should be given to the Ambulance Authorities on their application to you, not that you should inform them daily as to the vacant beds?—As to informing them daily we should give them a number which is only correct for a given moment, and not for the day.

272. Is there any other point with reference to our Terms of Reference on which you think you can give us information?—I think I have stated to you that in our Hospital we never send an accident case away, because we always find we can do something for it. If a case arrives and the ward is full we put up an extra bed, if necessary, or put the case in another ward, or move a convalescent patient so as to make another bed. Actually, we never turn an accident case away if we think there is the slightest risk of harm.

273. Where is the Infirmary of your district?—Westminster is our district. It would have to go to Wallis's Yard.

274. Do you ever send cases from St. George's to the Infirmary?—Not actual cases in the medical sense. If a policeman brings in a drunken person at night, a noisy person, we would send him on to the Infirmary. Some cases of epilepsy get sent on, cases which policemen bring in.

275. Where is the Infirmary situated?—In Fulham Road; the Relief Office is in Wallis's Yard, near Buckingham Palace Road; something like 10 minutes from the Hospital.

276. Is there any other point on which you can enlighten us, Dr. Gainsborough?—I think not.

Viscount HAMBLEDEN: I have no questions to ask.

277. Sir JOHN ROSE BRADFORD: What is the total number of beds at St. George's?—I think it is 340.

278. And you have 36 accident beds—38?—Yes.

279. Are those beds usually fairly full of accident cases?—The women's beds are almost invariably full; the men's are rather more available. Sometimes there are quite a lot of empty beds, and we get as many as 18 or 19 empty beds.

280. All restricted to accident cases?—If a large number of empty beds occurs we then fill them with ordinary cases.

281. Your statement is that on an average there are always a number of accident cases in the female and male wards?—The female ward is almost invariably full of accident cases; in the male ward on an average we have two ordinary surgical cases. I am guessing at the figure, but it will be quite a small number.

282. Is there any special reason why St. George's has a high proportion of accident cases, I mean accident beds?—I do not know how it started. For the last nine years I remember it has been just the same arrangement, and we always find no difficulty in keeping them pretty full.

283. That is a tenth of the beds of the Hospital you see?—Yes.

The CHAIRMAN: Thank you very much, Dr. Gainsborough, for your attendance.

(The Witness withdrew.)

DR. D. H. SAUNDERS and MR. GILBERT PANTER, called and examined.

284. The CHAIRMAN: Mr. Panter, you are Secretary to the Royal Northern Hospital?—(*Mr. Panter*): Yes.

285. Dr. Saunders, what is your proper description? You are Casualty Officer; is that so?—(*Dr. Saunders*): Yes.

286. How long have you been Casualty Officer?—I was Casualty Officer six and a-half months.

287. You are not now?—I am not now, no.

288. The Committee has furnished a questionnaire to the Royal Northern Hospital, which you have been so good as to fill up. Is that filled up by you, Mr. Panter?—(*Mr. Panter*): Yes, that is filled up in consultation with the Committee.

289. Shall I address my questions on it to you, and leave any question of a medical character to Dr. Saunders?—Yes; thank you.

290. I understand that your accommodation for cases of street accidents, or sudden illness, is perhaps not as much as you would desire?—No, Sir, it is not.

291. It is the case, is it, that sometimes at your Hospital, for want of bed accommodation, you are unable to admit cases which are eligible for in-patient treatment, which have been the result of an accident in the streets, or sudden illness?—Yes, that is so, but of course if it is of a serious nature, and the patient is likely to suffer seriously as a result of being moved, we should take steps to secure accommodation somewhere in the Hospital; even if we had not a bed vacant we should make room somewhere.

292. You have two observation beds, and two beds in the ordinary wards for casualty cases?—Yes.

293. And not for accommodation except at the expense of the ordinary wards?—Except at the expense of the ordinary wards. From the beginning of November, or the end of October, we shall have 14 additional beds for that purpose.

294. What is your practice in regard to such cases, when they are brought to you and you are unable to admit them into your Hospital?—We try, first of all, and if we are unable to make provision ourselves, by various means which we adopt, then we telephone to the nearest voluntary Hospital, and try to get accommodation there.

295. Which is that?—That is the University College, the Royal Free, the Hampstead General, and the Metropolitan, which are all within about equal distance.

296. Do you render first aid to the cases?—Oh yes, always.

297. You only mentioned Hospitals; do you sometimes apply to Infirmaries?—If we cannot succeed at the voluntary Hospitals, then we apply to the nearest Infirmary.

298. In 1922 how many cases were there that you were unable to admit, that required Hospital treatment?—Somewhere between 75 and 80, I should think.

299. Do you know what became of those?—In the majority of instances they went to other voluntary Hospitals, and in some instances, possibly 40 per cent. of the cases, I should think they went to Infirmaries.

300. Have you heard of any instance in which the patient has suffered as a result of being refused admission and sent on to another Institution?—No, we have not heard of that.

301. Have you heard of that, Dr. Saunders?—(*Dr. Saunders*): I have not heard of a case.

302. Your Hospital supplies a very large area, does it not?—(*Mr. Panter*): Yes, very large.

303. You put it down at about 70 square miles?—Yes.

304. Do you have cases brought from outside the County?—Yes.

305. I mean of sudden illness or street accident?—Oh, quite a large number.

306. How are they brought?—By ambulance; every one of the districts, the Urban District Councils adjoining (of which there are seven) which we serve maintain motor ambulances, and they are available for street accidents.

307. Do they bring them to your door?—Yes.

308. We have been told of instances in which cases of street accident or sudden illness occurring outside the County of London have been brought by the ambulance of the local authority to the County boundary and then transhipped into a County Council ambulance and brought on to the Hospital. Have you any experience of that?—No, we have constantly, daily, coming to the Hospital ambulances from Southgate, Wood Green, Hornsey, Finchley, Barnet and those districts round about there.

309. Do you get any intimation beforehand from those districts by 'phone that the case is coming?—Practically never, no.

310. You have seen the suggestion that has been made, that intimation of the number of beds available should be made to the Ambulance Authorities, and to the police, daily from the Hospitals?—Yes.

311. What is your opinion of that suggestion?—Well, Sir, so far as the Royal Northern Hospital is concerned we feel that that would not help matters at all, because the available beds are changing from hour to hour. We feel that it would be better, as we are doing, to try and make larger provision for casualty beds.

312. You think the real remedy, as far as the Royal Northern Hospital is concerned, is an ample supply of casualty and observation beds?—Yes.

313. How many are you providing for?—In the new scheme we are providing for 14. The final scheme, if ever we get sufficient money to further enlarge the Hospital, provides for 28.

314. Why do you think the suggestion of giving notification of vacant beds would be impracticable?—Do you suggest daily notification, or more frequent?

315. A daily notification has been suggested?—Daily. Well, within a few hours of that notification having been given the accommodation available would have entirely changed, and, consequently, if cases arrived we might not be in a position to take them in.

316. Where is the nearest County Council Ambulance Station to the Royal Northern Hospital?—Shoreditch at present; but a station is being provided, I understand, at Highbury.

317. Are many cases brought to your Hospital by the London County Council ambulances?—Oh, yes, a large number.

318. Are many brought in police wheeled litters?—They are practically never used I believe now.

319. Dr. Saunders, you have heard the questions put to Mr. Panter; is there any matter which you can add for the benefit of the Committee?—(*Dr. Saunders*): I quite agree with what Mr. Panter has said, and I do not think there is anything that I can add.

320. Have you seen any cases in which the patients have suffered, either from delay in bringing them to your Hospital or being transferred from your Hospital to some other voluntary Hospital or Infirmary?—With regard to the delay in bringing them to our Hospital, I have only heard of one or two cases in which there has been complaint made. One case was a man brought in dead. I believe in that case there was a delay of some 20 minutes before an ambulance reached him; I think it was an accident, and in that case, the fact was that there were three or four calls which came into the Station at the same moment, within a few minutes of each other, which had to be dealt with.

321. When was that case; do you remember?—It was a matter of three or four months ago. It is the only one I can call to mind at present, but I remember the fact that there had been some delay, and that it was mentioned at the inquest. Of course, in that case it had not made any difference to the man; the man had a fractured base, and died very shortly afterwards, and it made no difference to the ultimate result.

322. Do you agree with Mr. Panter as to the notification of vacant beds daily being an impracticable suggestion?—I think the Hospital beds change too quickly for it to be of very much use, and any case which comes, which is serious at all, we find room for somewhere; we never send them on. It is only in cases like a fracture of the lower limbs, or something of that sort, that we put up in splints, and which can be moved without any danger to the patient; that is the type of case we do send on; but anything like a severe head injury or severe abdominal injury we always keep somewhere in the Hospital under observation, and do not send a case like that on.

323. You have a motor ambulance of your own, have you not?—Yes.

324. What do you use that for?—(*Mr. Panter*): That is chiefly used for the transfer of cases to our Recovery Hospital at Southgate, and to railway stations for convalescents; but it is available, if called upon, for accidents, and the London County Council have been notified that if they wish to enter into a working arrangement with us we shall be quite pleased to co-operate with them.

325. Is that ever called out for street accidents?—Occasionally, not often.

326. Sir JOHN ROSE BRADFORD: Mr. Panter, as regards these 14 beds which are going to be opened in November, are they going to be restricted to accident cases?—Not entirely restricted to accident cases, for other observation cases too, and if there is more than a certain number vacant, we may use some of them for the more severe cases of tonsils and adenoids, which at present we have to send home in a condition in which we do not wish to send them home.

327. They are not in any sense beds restricted to accident cases, then?—Not entirely restricted, but a certain proportion of them will be.

328. At the present time I gather you have some four beds for this purpose?—Yes.

329. Is your experience such that you have found that you are unable to deal with the number of accidents which are brought to you ?—It has put us to a great deal of inconvenience ; we have constantly to put up several extra beds in the wards. We have had often three extra beds put up in the general wards, in order to accommodate accidents coming along.

330. You mean actually three additional beds put in, not three beds abstracted from their usual service ?—No, three extra beds put up in order to accommodate cases rather than send the patients elsewhere.

331. Can you tell us approximately the number of accident cases that you have in the year, which are kept in the Hospital—I mean that require in-patient treatment ?—I should think, taking the average, it would be about six or seven a day.

332. Requiring in-patient treatment ? I have the police return here before me which gives the number of cases taken by the Services to Hospitals, which gives the Royal Northern Hospital as 426. That, I take it, is the total number ; they were not all cases which required in-patient treatment ? —You are dealing now with entirely police cases ?

333. Well, accidents ?—There are other accidents, of course, that are brought to us, not by the police.

334. Those you alluded to—from the surrounding urban districts ?—Yes.

335. I only wanted to get a rough idea of the number of accident cases which require in-patient treatment ?—I should think, Sir, altogether, including the surrounding districts, it is six or seven a day, taking the average.

336. You have six or seven beds in the Hospital occupied by accident cases ?—Dr. Saunders thinks perhaps it might be four or five.

337. You have four or five beds occupied by accident cases every day ?—Yes.

338. Mr. COHEN : I have only one question to ask. You stated that you were in close relationship with seven other neighbouring authorities, and that those authorities brought cases direct to you in their own ambulances. Was Tottenham one of those ?—(*Mr. Panter*) : No ; we do occasionally get cases brought down from the southern district of Tottenham.

339. By their own ambulances ?—By their own ambulances ; but generally speaking the Tottenham cases go to the Prince of Wales' Hospital.

340. The CHAIRMAN : Is there any other matter that you wish to speak about, within our Reference ?—I do not think so, except that we have found the Ambulance Service, once a patient has been picked up, from our point of view, pretty efficient. The men are most helpful in Hospital, once they get there, in dealing with the cases, and I think on the whole there is an efficient Service, but we have found cases of delay.

341. It was mentioned at a Conference the other day by a representative of St. John's Ambulance Service that sometimes their ambulances, bringing cases in from a distance, are kept at Hospitals rather an unreasonably long time. Has that ever come within your experience ?—Well, we have an arrangement with one District Council whereby we have an interchange of stretchers. If a case arrives and there is likely to be delay because they are waiting for their stretchers to come down from the wards or from the casualty department, we have other stretchers available that they can take away in their ambulances, and so get away more quickly. The only case in which delay would occur is a case coming in and which probably you are going to transfer to an Infirmary, but it may be the patient has injuries which must be attended to first. For instance, a man has a scalp wound, or a wound which requires stitching, or perhaps a leg injury which requires to be put into a splint ; in that case we usually ask the ambulance to return in two hours' time, or something of that sort, and we put the patient in an observation bed for two hours.

342. The London County Council do not wait ; they have to be called up again if it is a case of removal ?—Yes, but the local ambulances, St. John's Ambulances, if we are transferring usually give us a certain time, and we ask them to come back to remove the patient.

343. Interchangeability of stretchers would greatly facilitate rapid return ?—Yes.

344. And that you practise ?—Yes.

The CHAIRMAN : Thank you very much for the information you have given the Committee.

(The Witnesses withdrew.)

(Adjourned.)

KING EDWARD'S HOSPITAL FUND FOR LONDON.

MINUTES OF EVIDENCE

TAKEN BEFORE THE

AMBULANCE CASES DISPOSAL COMMITTEE

AT THE OFFICES OF THE FUND,

7 WALBROOK, LONDON, E.C.

ON

TUESDAY, 2nd OCTOBER, 1923.

PRESENT:

SIR WILLIAM COLLINS, *in the Chair*,
VISCOUNT HAMBLEDEN,
LADY AMPTHILL,
SIR GEORGE MAKINS,
SIR JOHN ROSE BRADFORD,
MR. LEONARD L. COHEN,
MAJOR-GENERAL SIR CECIL LOWTHER (*Hon. Sec.*).

(*Transcript from the Shorthand Notes of* MESSRS. GEORGE WALPOLE & CO., *Portugal Street Buildings, Lincoln's Inn, London, W.C.*2.)

FOURTH DAY.

MR. ARTHUR BASSOM, called and examined.

345. The CHAIRMAN: Mr. Arthur Bassom, you are Superintendent and Traffic Adviser to the Metropolitan Police?—Yes.

346. You may perhaps remember that this Committee at the commencement of this Inquiry communicated with the Chief Commissioner of the Metropolitan Police, inviting him to favour us with any information within the scope of our Reference?—I remember that.

347. And on July 3rd the answer was received: "With reference to your letter of the 26th June, relative to the appointment of a special committee to inquire into hospital accommodation for accident cases, I am directed by the Commissioner of Police of the metropolis to acquaint you that the question of ambulance, hospital, and infirmary accommodation is at present under inquiry by the Ministry of Health; and to suggest that it would be advisable for you to communicate with the Ministry, in order to prevent overlapping." Then there was a Conference held at the Ministry of Health on July 17th, at which. I think, you were present?—I was.

Mr. Arthur Bassom.

348. I think, as the outcome of that Conference, that Lord Eustace Percy, on behalf of the Ministry of Health, expressed the desire that this Committee should proceed with its inquiry; but it was agreed that there was no necessity for the suggested permanent Advisory Committee, so far as regarded the County of London—?—With regard to the first part I entirely agree. With regard to the second part I do not know whether there was any definite decision come to as to whether there was any necessity for it, but there was no decision arrived at as to interference with the London County Council Ambulance Service.

349. With regard to the area outside of London, the question was referred for further consideration to a Committee?—That is so. A small Committee was appointed to go into it, and that Committee is still sitting to consider it outside the London area.

350. Are you a member of that Committee?—Yes.

351. Who is the Chairman of the Committee?—Mr. Oxley, of the Ministry of Health.

352. The inquiry as regards provisions within the County of London is no part of the Reference?—That is so

Mr. Arthur Bassom.

353. Does your Department deal with questions of street accidents, casualties, and so on ?—Yes.

354. And co-ordination of the several ambulance services in connection with casualties in the streets and public places ?—Yes.

355. Would you describe to the Committee what class of case falls within the consideration of the Metropolitan Police, and what you exclude from consideration ?—Generally speaking they are street accidents, street fatalities, and suchlike. We are not brought into contact, generally speaking, with those which occur on private premises, such as docks, wharves, railway yards, large warehouses, and the like, although the police would not refuse to act if they were called in to assist in such cases. The docks and railways make provision for casualties on their own premises.

356. Are instructions issued to the Metropolitan Police in regard to dealing with accidents and illness, and such cases ?—Yes, I abstracted a few of the cases which are dealt with. I do not know whether I should read them out ?

357. Are these " Duty Hints " ?—No, " Duty Hints " are small books which are issued to constables, which contain a few brief hints.

358. Are the instructions which you are about to read to us communicated to all the members of the Metropolitan Police force ?—Yes.

359. Would you read them slowly, because a good many of the Committee have as yet had no time to read them ?—Yes, I was only communicated with on Saturday, and have not had time really. " In dealing with persons found ill or injured in the streets, the action of police must be guided to some extent by circumstances. Obviously in serious cases the first consideration is to obtain medical aid for the sufferer ; in inner London, therefore, where an ambulance is close at hand, and hospitals accessible, prompt removal to the latter by ambulance is the safest course. The pocket directory contains a list of ambulance litters (including those belonging to private persons, local authorities and others) which are available to police in cases of accidents." That is the pocket directory which is carried.

360. Would you hand a copy in ?—Yes (handed).

361. Are you quoting from this pocket directory now ?—Yes, you will see what I have marked there.

362. What are you quoting from now ?—The general orders which are issued to the police.

363. Will you proceed ?—" In the outer districts conditions are different, and it may very well be desirable to summon the nearest medical man and to await his arrival before removing the patient.

" In either case, after taking prompt measures to get an ambulance and when necessary a doctor, police should do all that lies in their power to afford relief and assistance in accordance with the principles of ' first aid ' instruction, and to prevent a crowd gathering round the injured person. Although it is generally desirable that an ambulance should be used for the removal of a sick or injured person, it may on occasions be expedient to make use of a cab or other vehicle if the patient's condition appears to justify such a course. In cases of insensibility, or of any injury to the head, or internal injury, or of fracture of lower limbs, or where any such injury is suspected, a cab is a very unsuitable means of transport.

" In the event of the Hospital authorities refusing admission, a patient must be removed to the Infirmary of the parish in which found.

" Relatives and friends of persons removed to Hospitals or Infirmaries are to be informed by police as soon as possible, irrespective of any communication from other source.

" On casualties occurring in the streets, such as accidents or sudden illness, the aid of the Divisional Surgeon is to be immediately sought if it is readily available ; but if delay in procuring medical assistance is likely to result from such action, that of the nearest surgeon is to be obtained, or the patient removed to the nearest Hospital without delay, the sufferer being the first consideration.

" It is also to be noted that the telephone should be made use of, if available, when a police ambulance is required.

" Arrangements are being made for plates with the letter ' A ' thereon to be affixed to buildings the occupiers of which are prepared to allow their telephone to be used by police for the purpose of calling the ambulance of the London Ambulance Service.

" The duty of the Ambulance Service will be confined to the speedy removal of the injured person, and, upon the arrival at the scene, the attendant in charge of the ambulance will assume full responsibility for the case, but in other respects there will be no change in police action.

" If the injured person is in a condition to supply police with particulars of friends, etc., this information should be obtained while awaiting the arrival of the ambulance. In such cases it will not be necessary for police to accompany the ambulance to the Hospital or Infirmary. The attendant is to be asked to what Hospital or Infirmary the person is being removed, and immediate steps should then be taken to acquaint friends. The attendant should be told that police have all the information they require for that purpose. If the person is not received at the Hospital named by the attendant, police will be notified by the Ambulance Authorities as soon as possible.

" If the ambulance can reach the scene quickly it may not in all cases be necessary to obtain the services of a medical man, but great care must be taken that all that is possible is done for the sufferer.

" The ambulance is not to be used to remove a dead body to the mortuary, but should be sent for if the person is alive, although there may be but little hope of recovery.

" The ambulance will, if called by police, be sent to remove to a Hospital or Infirmary cases of accident or attempted suicide (but not illness) which occur on private premises.

" The ambulances will carry, over the canopy, a lamp with ' Ambulance ' thereon, and police, especially at traffic crossings, are to facilitate their passage through the streets."

364. Are these extracts from the general instructions ?—Yes.

365. Are they all the extracts relevant to the question of dealing with street accidents ?—Yes ; I took those out because I thought they were relevant to the inquiry you had in hand. It is a large book from which the extracts are made. There are certain matters relating to the forms used which I do not think the Committee would want to be troubled with ; the question of expense and the question of transmitting to the station I thought were matters of internal administration.

366. I am sure the Committee are indebted to you for what you have done, but if it is necessary that the Committee should have it you will do so ? —I will put that to the Commissioner, Sir.

367. Do you think it desirable this question should be left so much to the constable ?—Yes ; we have nothing to complain of, human nature

being what it is; but generally speaking the instructions are very well carried out and little cause of complaint exists.

368. In these instructions you use the words "Ambulance Authorities." There are different authorities with which you have to do?—Yes.

369. Will you tell the Committee about them?—Throughout the County of London, the motor ambulance work generally is performed by the L.C.C. In addition to that, we have at all stations and selected points hand litters also belonging to the police, Bischoffsheim, the Red Cross, and other associations, and they are made available for the police whenever they are required, and they are practically under our own control whenever they are wanted. That is within the L.C.C. area.

370. Do you know how many?—Of the hand ambulances?

371. Yes?—It runs into hundreds. I have not got the figure out, but I can send it to you.

372. We have been told that the use of the hand ambulance is becoming less and less?—Yes, that is so.

373. I think Mr. Briant told us that: "The number of cases in which persons suffering from accidents or sudden illness were conveyed by the hand ambulances of the Metropolitan Police to Hospitals or Infirmaries was 1,120 in 1920, 1,958 in 1921, and 842 in 1922."—I expect with the extension of the motor ambulance service naturally the hand ambulance will be made less use of than formerly, and one can expect that the hand litter will be used less than it was.

374. Have the L.C.C. any for their own purposes?—No, but there are the Bischoffsheim litters. They are practically the same as the Red Cross, which are placed at the disposal of the police, who know they can have them when they are wanted. I may say that for accidents that occur in the vicinity of the City of London there is a co-ordination between the Metropolis and the City, so that the City of London Ambulance can be used for those cases which are applicable; they have never refused to allow their ambulances to be used to come into the Metropolitan area when they have been summoned for the purpose.

375. Have the police ever had any difficulty in working with the L.C.C. or the City Police?—Not at all; in fact, the arrangements are working very smoothly indeed. Then outside the County of London there are a number of ambulances which may be used, but there are generally certain restrictions which are imposed with regard to the use of them.

376. The Metropolitan Police area has a radius of about 15 miles from Charing Cross?—From the other side of Crayford in Kent to Staines Moor on the opposite side, and from Colney Heath in Hertfordshire, and to the top of Reigate Hill on the other side, which is a large area.

377. In the portions of Kent, Middlesex, Surrey, Essex, and part of Hertford, can you give us any information with regard to the ambulance question? Is that the subject of inquiry by the Ministry of Health?—That is the subject of inquiry, but I am prepared to hand you a list of the ambulances which are available for use outside, which we prepared for the use of that Committee. That shows what the conditions are and how they have to be used.

378. We should be much obliged if you would hand that in. (Handed.)—I have also taken out upon the map, in what would be a more simple way, the various Council ambulances, the Red Cross and private ambulances, which we can reckon for use; that is plotted out as to Outer London; it does not embrace Inner London at all or the County Council area at all, as you see.

379. Do you say generally that the neighbouring areas outside London are less well supplied with ambulance services?—Generally speaking that is so; they are not so well supplied as Inner London.

380. Are police instructions issued specially for these cases?—Those which I have given to you will deal with the whole. If you notice, it says in Inner London, where an ambulance is close at hand and Hospitals accessible, prompt removal by ambulance is the safest course, but in the outer area where there are fewer ambulances to be relied on, and the Hospitals are further away, it would generally be safer for the constable to apply for outside aid so that he is not left to his own resources.

381. I do not think the instructions make a distinction between the Voluntary Hospitals and the other Hospitals—the instructions you have read?—With this exception, that the Voluntary Hospitals will generally receive casualty cases. That pocket directory shows a list of the places where patients will be received, and then, of course, if they are not received there, they are taken to the Infirmary of the parish in which they are found. If, for example, a person is picked up in Chiswick and not taken in at the West London Hospital, he is taken to the Chiswick Infirmary.

382. Is the Infirmary the second alternative? Are they never instructed to take the case first to the Infirmary?—No, a constable has to be guided by the circumstances, and I think you will find that in most cases where there is a Hospital handy they are taken to the Hospital first. It may happen that in outer places—Tottenham, or somewhere like that—they may be taken to the Infirmary straight away.

383. A good many cases outside the County of London are brought into Voluntary Hospitals within the County?—Yes, in those cases where they are bordering. Chiswick, Barnes, etc., are taken to West London; Willesden, etc., to St. Mary's; but at places more remote they may be taken to local Hospitals or Infirmaries.

384. Is there any difficulty about the transport in such cases? Are they taken by the extra-Metropolitan ambulance to the County boundary, and then transhipped into a County Council ambulance, and brought on to the Hospital?—I have never known of that being done, although they do take cases from outside their area. For instance, you could not take the Chiswick ambulance to take a case from Hammersmith, but if a patient is taken from the Chiswick area, he is invariably taken to the Hospital direct, with no transhipping, and the ambulance returns to the district to take another case.

385. The actual reference to this Committee is "To inquire and report on the methods at present employed for ascertaining where bed accommodation is available at Hospitals in the Metropolitan and neighbouring areas for accident cases requiring admission; and on the proposal that daily reports of vacant beds should be supplied to the Police and Ambulance Authorities; and to make such consequential recommendations as they may consider desirable." Will you give us your experience and advice on that?—I consulted the Assistant Commissioner who deals with the administration of the Force with regard to this yesterday, and we came to the conclusion that so

far as the police is concerned, it would not serve a useful purpose.

386. Will you give us the reasons for that conclusion ?—Yes. In the first place, a daily report can only be made to the individual police officer as he parades for duty. Lists would, therefore, for one tour be a day late, and unreliable. You see, the police are on duty day and night, and whatever relief happened to be on duty at that particular time the list would be unreliable until a new list come out. Secondly, a list may become obsolete within a few hours or even a few minutes, of which there are no means of informing the individual police officer already on duty. That might happen very shortly after you had issued your list to the whole of the police who were on duty, and it would mean taking cases to Hospitals where the beds were not available. Then, thirdly, the work of compiling such lists would be too great, and each individual must have the information dictated or otherwise supplied. There are roughly 20,000 copies per day which would be required. A constable is a unit and must work as a unit when on the strength ; he cannot rely on the work of another constable. Fourthly, even without MS. copies the transmission through the two hundred odd police stations by telegraph or telephone would involve much labour, and in the transmission errors would creep in which would be fatal. Fifthly, a police officer might and would act upon his list, perhaps taking a patient to a more distant institution where vacant beds are supposed to exist, whereas the removal to an institution near at hand would save suffering and, perhaps, a person's life. Suppose you have got a list showing that there are a certain number of beds available in a Hospital, it may be a man is taken to a Hospital some distance away, whereas he could have been taken to an Infirmary only a few hundred yards away, and a man would have certainly more suffering than if he were taken to the Infirmary straight away. Then, sixthly, police officers would not be expected to decide whether a case is one where detention is necessary, and institutions on the list would have a surfeit of cases, whereas others with no beds could quite well give the necessary treatment, for example, to cases of concussion, insensibility, epilepsy, etc., which would not require detention except for short periods in the casualty receiving room. That, of course, as you well know, is frequently the case, that a person is taken by the police to the Hospital, and there treated, and kept for a short time, and handed over to his friends. Of course, a constable cannot be expected, neither is he asked, to decide whether the case is one for detention or otherwise : his duty is simply to get the sufferer off as quickly as he can so as to get him under skilled treatment. Then, lastly, Sir : As the terms of reference include the Metropolitan and neighbouring areas, it may be that patients would be conveyed very long distances to the institution shown as having vacant beds, whereas, in fact discharges from a local one—hospital or institution—may have rendered a vacancy which would be un-notified until the following day. Of course, if you have to take the neighbouring areas you have to take Watford and other areas on the bordering point, and if there was a casualty received you might get one treated at one of those local Hospitals and skilled assistance obtained as to whether it was a case to be removed to another Hospital.

387. For certain reasons you have given you say the conclusion of the Metropolitan Police is that the daily notification of beds would not be desirable or useful to them ?—Not useful.

388. It has been suggested that it might be helpful if a Hospital could not take in cases to report the negative ; would that be useful ?—I do not think there is a case where a patient is proper for Hospital treatment where they would not give him treatment, and I do not think that could be better done than by a Hospital man, and although they could not keep the patient there it would be much better to take that patient there and then transfer the patient to a place under proper guidance.

389. Have cases come to the knowledge of the police of persons suffering from accident or illness who have been caused unnecessary suffering by refusal of admission by the first institution to which they have been taken and subsequently removed to another ?—I do not put it as high as that. We have cases, naturally, where the Hospital Authorities think it is not a case for detention at their Hospital, and they do say this man should be removed to another Hospital, or some other place. It is much better for the Hospital Authorities to decide that, and then for the police to remove them to the other authority.

390. We have had the figures put in by the Ambulance Service of the number of cases handled by them in a twelvemonth. Have you any figures to give us on that on behalf of the police ?—Yes, I have the figures with me of the number of cases of illness (that is apart from accident) dealt with by the Metropolitan Police ending 31st December, 1922, 7,978 cases. Of these 6,193 were conveyed by motor ambulance ; 3 by horse ambulance ; 574 by hand ambulance (that is hand litter of course) ; 267 by cab ; 110 carried by friends or police ; 866 able to walk ; and 15 unclassified. That gives a total of 7,978 cases of illness.

391. Those figures would include those from the London Ambulance Service we have had ?—Yes, they would, because they only take one-sixth of the cases.

392. You also include wheel litter cases taken by the police, and they do not ?—Quite ; we include all cases taken by the police, and they do not.

393. Will you put that in ?—I will send you a copy. (*See Appendix VIII.*) I have a return of accidents in the street for the same period.

394. Within the whole police area ?—Of those 8,552 were removed by motor ambulance ; none by horse ; 522 by hand ; 3,308 by cabs ; 463 were carried by police or friends ; 2,783 were able to walk ; and 107 were unclassified.

395. You have given us the means by which they were conveyed ; are you able also to give us the figures of the destination to which the patient went, whether Hospital or Infirmary ?—No, I am not able to give that, not from the return. Of course, that would mean that practically every case would have to be considered.

396. You do not happen to have a summary ?—I have not a summary.

397. Have you any suggestions arising out of your experience of any improvement which might be effected with regard to the prevention of unnecessary suffering in removing a patient from the outer area or from place to place ?—Certainly. With regard to the prevention of unnecessary suffering, I think the extension of the motor ambulance system as it is in the London area is very desirable ; it is very rarely that you get more than a few minutes elapse before the patient is removed from the streets.

398. Is there any area where you know of worse

conditions than others ?—Certainly ; in some parts where it is more rural than urban you have naturally less facilities, and it is with a view of trying to make such recommendations for additional service that this small Committee of the Ministry of Health is sitting at the present time. You can see from a glance at the map I handed to you, that there are certain areas for a number of miles which are devoid of any means of removing a patient ; in some cases you use a farm wagon.

399. I rather meant within the County of London. Do you find there is any portion of its area where there is great difficulty in getting prompt removal to an institution ?—I thought you meant in our own area. In the County of London there are places which are not served so well as others. There is close co-ordination between the County of London and ourselves. I do not think there has been a suggestion for improvement which has not been accepted by the London County Council very readily ; they have agreed to the re-arrangement of their stations and ambulances with which to serve districts which we thought were not properly served.

400. Are there any other suggestions you have to make arising out of the experience of the Metropolitan Police ?—I think not. If there is anything anyone can suggest, tell me, and I will give you the benefit of our experience. I do not think there is very much that can be suggested. There certainly does not seem co-ordination with regard to the Ambulance Services, and if that could be secured, I think there would be a very great improvement. I am speaking now for the places which are outside the County of London. With the new stations of the London County Council, as far as one can see, according to the growth of the population and the density of the traffic, and so forth, the County of London will be very well served by its own service, and there should not be a delay of many minutes before you get an ambulance to any one of those sufferers.

401. Lady AMPTHILL : One of the general instructions of the police is that " if the injured person is in a position to supply the police with particulars of friends, etc., this information should be obtained while awaiting the arrival of the ambulance," but if the man or woman is unconscious do the police in that case go with the ambulance ? —Yes, they endeavour then by going to the place of reception to ascertain the address of the sufferer so that they can communicate with their friends.

402. Have you had experience of cases going to one Hospital and being sent on to another without treatment ?—No ; invariably they have treatment at one place before going on to anywhere else.

402A. Mr. COHEN : Are you aware that transfer arrangements exist between the L.C.C. and three Authorities adjacent to its area, whereby at Croydon, Tottenham and Erith, patients were conveyed to the boundary by L.C.C. and then transferred to the ambulances of the respective Authorities ?—I have never heard of it.

402B. You have never heard of it ?—No.

402C. You would not think it desirable, would you ?—I should think it very undesirable.

403. Viscount HAMBLEDEN : When the ambulance is called, who is responsible for directing where the ambulance is to go ? The ambulance driver is responsible himself.

404. Then the constable has nothing whatever to do with where the patient is taken ? No, he leaves that entirely to the ambulance attendant.

405. Sir GEORGE MAKINS : I should like to ask a question which refers to some evidence given by the Commissioner of Police for the City of London, and I should like to ask whether your experience is the same. The City of London in the course of last year had 2,054 ambulance cases, and of those only 14·11 per cent. were detained. Have you anything to show whether that experience is the same in the Metropolitan Police area ? —I have not the figures, but might I say from my own experience our percentage would be higher.

406. Still a very small percentage ?—Yes, it could run to anything like 50 per cent. that would be detained.

407. The CHAIRMAN : On behalf of the Committee I thank you for your attendance, and will you convey to the Commissioner of Police our thanks. Will you send a copy on of those figures you mentioned ?—Yes.

(The Witness withdrew.)

DOCTOR A. L. BALY, called and examined.

408. The CHAIRMAN : Dr. Baly, you are Medical Superintendent of the Lambeth Infirmary ?—Yes.

409. When Mr. Briant was here as a witness he told us you would probably be able to give us some supplementary information with regard to the subject referred to this Committee. What are the number of beds you have available in the Lambeth Infirmary ?—About 1,500.

410. What is the number of those available for patients requiring active medical treatment ?— About one thousand.

411. Does that include surgical treatment ?—Yes.

412. Are any beds specially reserved for accidents ?—No special beds.

413. How many cases in 1922 were brought to your Infirmary by ambulances of the London County Council ?—There were just over 500.

414. Were those all admitted ?—No ; I cannot tell you how many were actually admitted, but I have reviewed the last month. During this last month, September, the London County Council have brought 56, and 34 were admitted, and the remainder were sent home.

415. Do you ever send cases to another institution ?—Never.

416. Do other Infirmaries send cases to other institutions ?—Very frequently.

417. Would you say the Infirmary is always able to receive cases of sudden illness, or accident ? —Certainly.

418. If the beds are occupied you make accommodation for them, do you ?—Yes.

419. You have some place where you can send cases, have you not, at Bow ?—Yes, the City of London Infirmary.

420. Could cases be transferred there with sufficient despatch to make beds available for other cases ?—During this last winter there were more patients than there are beds. If we have not got the beds, we put them up as best we can. If the situation becomes serious I report to the Guardians, and they make arrangements through authorities who are not full up, and send them straight away. I have to do so when closing in the summer to renovate the wards, and we have to put the patients somewhere. We have 1,500 beds.

421. Have you beds available now ?—I think we have 1,380 beds in use out of 1,500, and I have over 1,300 patients to-day, which means that some wards are overcrowded and some wards are not.

422. Does your margin of accommodation vary in the seasons of the year ?—We never work on a margin, we cannot. My maximum number has

been reached during the last 15 years in January and the first week in February, and they gradually dropped till about this time of the year.

423. You say in your précis: "The medical officer has authority to admit any patient brought to the Infirmary who is urgently in need of medical treatment."—Yes.

424. Is that a statutory authority?—Yes, I think it is statutory.

425. Can you give us the words of the authority, whether it be an order or authority?—No, I cannot give it offhand; it is in the orders issued by the Local Government Board governing Infirmaries.*

426. Then you are able, and will you supply us with the necessary authority, either statutory or order, under which you say that the Metropolitan Infirmaries are bound to admit any case of sudden illness or accident brought to their doors?—The Medical Superintendent has authority to admit, and if he considers the patient is urgently in need of medical treatment he has power to admit it.

427. I think a previous witness said an Infirmary must admit a case; you say it is a matter of discretion whether the medical superintendent does admit?—It is for him to decide, for him or his assistant; he is not bound to admit, but if he has authority to do so he would be very silly not to.

428. Am I right in saying that when a case is brought to the Infirmary which is one which requires attention, it is the duty of the superintendent to admit it?—Yes.

429. I am quoting from your précis now: "It necessarily follows that, if serious accident cases are brought to the Infirmary, the Guardians must provide all that is necessary for their treatment." Have you had some experience with regard to cases taken to St. Thomas's Hospital?—St. Thomas's Hospital is the nearest General Hospital to my Infirmary, and we have a large number of cases sent on from there.

430. Have you had experience of cases sent to St. Thomas's and then transferred to your Infirmary?—Yes.

431. Did you make some representations to the London County Council in consequence?—Yes, my Board did.

432. What was that representation?—That patients who met with an accident close to my Infirmary were taken up to the Hospital, a distance of about a mile, and then brought back to the Infirmary, and the arrangement was that they should bring all those cases direct to the Infirmary, whenever the Infirmary was the nearest institution.

433. Would you give us a list of patients who have been transferred to the Infirmary from Hospital who, in your opinion, were prejudiced by that transfer?—Yes, I gave a list. (*See Appendix IX.*) I should have added the word "recent." I should not say those are the only cases I have had.

434. There are thirteen cases between May and September this year?—Yes.

435. Do you say those cases were prejudiced by being first taken to a Hospital and then to the Infirmary?—Yes.

436. Were they caused unnecessary suffering?—Yes.

437. Do you desire to call attention to other specific cases which you think were prejudiced by removal from the Hospital to the Infirmary?—Yes, I have called attention to one or two.

438. Will you read them?—"In February last William David Hart, who fell through some scaffolding at a height of four storeys in Commercial Road, Blackfriars, and was first taken to St. Thomas's Hospital. At that time there were two other similar cases in the Infirmary; one had fallen down a lift shaft (five storeys), taken to St. Mary's Hospital, Paddington, and was sent to Lambeth, because he lived in this parish. This man had broken both ankles and pelvis, and was in very acute pain on admission. Another patient who fell down a lift shaft had been taken to King's College Hospital. In another instance a patient of advanced age" (the patient was over sixty, nearly seventy) "suffering from no less than eight fractures of different bones, including the skull, was sent on from King's College Hospital." This patient very fortunately lived. It was a remarkable recovery.

439. Do you say that the present system by which patients urgently requiring institutional treatment are transferred from General Hospitals to Infirmaries must give rise to a great deal of unnecessary suffering, and in some cases lead to serious results?—Yes, I do.

440. I think Mr. Briant related five cases to us when he was a witness, and I think some of those are the same cases which you referred to?—Yes, I think they are; I reported to my Board.

441. Apart from accidents, have you any experience of cerebral hæmorrhage being transferred from the Hospital to the Infirmary?—Yes.

442. What have you to say about a case of cerebral hæmorrhage being transferred from the Hospital to the Infirmary?—I think it will be admitted the worst thing you can do for a case of cerebral hæmorrhage is to subject the patient to removal of any kind if it can be avoided, and personally, I would not allow a cerebral hæmorrhage patient to be removed from his home, however poor, because you are likely to cause the patient's death; and to take a patient with cerebral hæmorrhage from one institution to another is the worst thing that can be done.

443. Besides cases from Voluntary Hospitals to your Infirmary, do you ever have cases transferred from another Infirmary to yours?—No, not an accident case. The only cases we have are under the Settlement Order, a few weeks after they have been admitted.

444. Have you had any case of where a man

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*Dr. Baly subsequently wrote as follows:—

The Poor Law Infirmaries in London are governed by orders which were issued by the Local Government Board, each parish having separate orders, although they vary very little in detail. The order governing Lambeth is dated August 25th, 1873, to which an amending order was received on April 17th, 1890 (Infirmary Regulations Amending Order), which amendment deals exclusively with the point concerning which your Committee requires information. It is worded as follows:—

"Article 4 shall be amended by the addition thereto of the following proviso, viz:—

"Provided also that in any case of sudden or urgent necessity the Medical Officer (or during his absence, or inability to act, the assistant to the Medical Officer) may admit a person into the Infirmary without an order signed by the Relieving Officer, or Clerk to the Guardians as aforesaid; but a written report of every such admission shall be made by the Medical Officer to the Guardians at their ordinary meeting next after the date of such admission."

living in Lambeth injured in another district, the Poor Law authorities of which refuse him admission and send him to Lambeth ?—I have not personally.

445. Was not there a Paddington case ?—The Paddington case was not sent from the Paddington Infirmary. There must have been some misunderstanding between the Hospital and Paddington beyond doubt. I know my Guardians took it up with the Board; they have not the right to say they will not take a case in.

446. We are informed that some Infirmaries refuse admission to a case where the accident was extra-parochial ?—Personally, I complained to St. Thomas's Hospital that they sent me down a case which belonged to Battersea, and they might just as well have sent it to Battersea, but if the case is urgent we never dream of refusing to take the case, and on the other hand, I do not think I have got legal authority to accept the case if it does not belong to my parish unless the case is brought to the gate of the Infirmary.

447. Even although urgently requiring treatment ?—No, I have no authority to say I will take a case from outside my parish, or to tell them to bring it in, but I can tell them if the patient is sent to me I will take it; I am bound to.

448. Does the authority not include the case of settlement outside your district ?—It does not give me authority to tell an authority outside my area they can send patients, and if any authority outside asks me if I will take them in I have no authority; but if they send them they should know I have no authority to refuse them.

449. If you think you have the right to refuse on account of settlement, is it your right to admit on the ground of medical treatment ?—I have no right to refuse. I have only sent the Infirmary ambulance out to bring in a case from outside my parish on one occasion in 15 years.

450. I think a witness on behalf of the L.C.C. told us that they regard Hospitals and Infirmaries as in the same class, and it was the duty of the ambulance attendant to take the case to the nearest institution able and willing to receive it. We have been told that some Infirmaries act rather strictly in the matter of settlement ?—Yes.

452. So that Lambeth apparently is, to some extent, exceptional ?—My Guardians have always been complaining that I have taken cases from outside Lambeth, but they made the arrangement that street accidents are to be taken in even although they do not belong to Lambeth if the Infirmary is the nearest institution. If the patients are taken to the Infirmary they must be dealt with if they are in urgent need of treatment no matter where their settlement is. It is perfectly true the Guardians have a complaint if they do not belong to them, and therefore, I think they have a legitimate grievance against some authorities compelling them to take patients who do not belong to them.

453. Have you recently taken a census of the patients in the Infirmary ?—Yes.

454. What does that show ?—It shows there are 40 patients in the Infirmary brought there by the L.C.C. ambulance, and ten of them, I think, do not belong to the Parish of Lambeth. "Eight were forwarded from one of the General Hospitals. Of these eight, three were suffering from fractured femur, one from concussion, one from heart failure, one injury to the knee, one insanity, and one from cerebral hæmorrhage."

455. You desire to say something as to unfairness to Lambeth from their humane method of dealing ?—It is grossly unfair.

456. What do you suggest ?—I suggest that the charge for street casualties should be on the whole of London, not on the parish which receives them.

457. That it should be a metropolitan charge ?—Yes, and that would, in a great measure, avoid the question of settlement.

458. In the case of Southwark, the Infirmary is not situated within the area of Southwark ?—I think it is situated in Camberwell.

459. I think there is a considerable conflict between Lambeth and Southwark ?—Yes, one side of the street in which the Lambeth Infirmary is situated is in Lambeth, and the other is in Southwark.

460. Are many cases brought to the Lambeth Infirmary by police in wheel litters ?—No, I have only had one case in the last 12 months.

461. Have the old police wheeled litter ambulances been largely superseded by the L.C.C. motor ambulances ?—Entirely in my district, I think.

462. Have you received any complaint of delay in the ambulance services ?—No; I do not think the L.C.C. should encourage the Hospitals to transfer their cases to other Hospitals by removing them. It is quite open to the L.C.C. to say "if the case requires admission we will not take it away from the Hospital."

463. You mean a case which has been taken to a Voluntary Hospital ought not to be removed elsewhere in a motor ambulance of the L.C.C. ?—That is right.

464. Have not the Hospitals some view in regard to that ?—Doubtless.

465. I think in one of the replies to our questionnaire it is stated that the Voluntary Hospitals pick and choose their cases according to the fact that some of them have medical schools attached, but that the Infirmaries are required to take any case urgently requiring medical treatment ?—That is very likely.

466. What is the reason why Hospitals having once admitted patients send them on to your Infirmary ?—It is a question of what you mean by the word "admitted"; I do not think they put them in their wards; they arrive at the casualty ward, and they send them on to the Infirmary.

467. Have you any experience of patients being admitted to Hospital and subsequently transferred to the Infirmary ?—Yes, in Lambeth they are treated the same way as they are treated in their own home; that is to say, they receive a relieving officer's order, and I see them, and reject or accept them.

468. A suggestion has been made to the Committee that a daily notification of vacant beds should be supplied to the police and ambulance authorities by the Hospitals, and I suppose the Infirmaries. Have you any views in regard to that ?—It seems to me impracticable. You might give notice at 9 o'clock to say you have beds available, and a few minutes after they might be filled.

469. Have you any alternative plan to suggest ?—The only one which I think could really work is to see that the Hospitals, if they are dealing with accidents at all, are prepared to take them in, and if they have no beds they must stop; if they have no beds available they cannot deal with the street casualties.

470. If they have no beds available should they notify the ambulance authorities ?—Yes, saying that they have no beds, which would be interpreted "no further cases should be brought to us."

Dr. A. L. Baly.

471. Then I see in your précis you say : " Owing to the obvious inability of the General Hospitals to meet the demand for casualty beds all street accidents should be taken to the nearest institution, Voluntary or Poor Law, able to guarantee that those requiring admission shall be admitted "? —Quite.

472. Are all Poor Law Infirmaries sufficiently equipped to deal with all those serious accidents ? —I cannot speak of all Poor Law Infirmaries, but I should think the London Poor Law Infirmaries are.

473. Your proposition is that the instructions should be that the cases should be taken to the Poor Law Infirmary ?—If the Medical Superintendent is bound to take them in he is also bound to ask the Guardians for what is necessary to treat them. If it became a practice to take street accidents to the Infirmary it would be necessary to be able to treat them.

474. What have you at Lambeth to deal with street accidents ?—I have a permanent staff. I have six resident assistants qualified, one non-resident whole-time assistant, and two unqualified ; I have four specialists, aural surgeon, ophthalmic surgeon, radiologist and a pathologist. I have eight qualified assistants able to give anæsthetics. I have a staff able to perform an operation day or night.

475. Do you think the 29 authorities of London are all able to do it like that ?—I think they are becoming so, although not at the moment.

476. We have received replies from some who seem to imply there is not sufficient equipment ?— Then it is the Superintendent's duty to ask for it.

477. You think that there is statutory power, and also it is the duty of the Guardians to see that the Infirmaries are as well equipped as Voluntary Hospitals to deal with bad surgical cases ?—Yes.

478. Do you wish to say anything in regard to those 13 cases which you have appended particularly ?—I think they speak for themselves. There is one point which has a bearing on it. A very large number of these cases are old people, and it does not very much matter what the nature of the injury is, the chief matter is the shock, and I think with old patients suffering from shock from injury it is a great deal worse to take them about from one place to another.

479. I think Mr. Briant told us there were 200 cases brought to the Lambeth Infirmary after going to Hospital ?—I think that is information I supplied him with.

480. Have you any other suggestions to make within the terms of reference with a view to avoiding unnecessary suffering ?—I think the only thing is to insist that if street accidents are taken to a Hospital, and it is necessary to take them in, they should be taken in, and as soon as a Hospital fails to give that guarantee the casualties should not be taken to that institution. The Poor Law Infirmaries, I understand, are compelled to take them in, and if they are compelled to take them in they must give them proper treatment.

481. Do you think the street ambulances should be instructed not to take them to Hospitals, but to the Infirmary instead ?—No ; so long as the Hospitals are able to deal with them I think the Hospitals are the places to take them. I see no reason (it is outside my province altogether) why it is not possible to increase the facilities of Hospitals by giving some kind of grant for more beds for street accidents. That is outside my province, but Hospitals do receive grants, and I do not see why they should not get grants for these street accidents to enable them to give more treatment to them.

482. Do I understand you to say that any Voluntary Hospital which has a casualty department, and gives first aid to a casualty, should be compelled to admit it rather than send it on to the Infirmary ?—Yes, or that the case should not be taken to the Hospital in the first instance. As far as the L.C.C. ambulance is concerned, they need not take it. I think they ought to be compelled to take every case which it is necessary to take in which is brought by the ambulance authorities, or they should say they will not take them, in which case the ambulance attendant would take them elsewhere. In that case they would take them to where they are able to be taken in, either the Infirmary or elsewhere. I believe the number of Poor Law beds in London is in excess of all the other beds in Great Britain.

483. The returns of the L.C.C. showed us that in the year 1923 14,000 patients were taken to Hospital and 6,000 other cases to the Infirmary ? —Yes, but there are many more beds in the Infirmaries than in the Hospitals. I do not understand those figures. Have the majority of the 6,000 cases taken to the Infirmary been included in the 14,000 taken to Hospitals ?

484. I think the figures include what they call removals ?—Yes ; then they are counted twice.

485. Viscount HAMBLEDEN : Would you suggest that this notice about taking patients to Hospitals should be week to week, or over a longer period ?—I do not see why it should not be daily. I take it the Hospitals are able to deal with cases until they say they cannot, and, until they say they cannot, deal with that day in question, after which the L.C.C. would wait until they heard from the Hospital that they are again prepared to admit patients.

486. Then the only way to deal with it is to put up a notice that the Hospital is full. You were asked at the beginning of your evidence as to the possibility of giving daily notification of vacant beds, and you agreed that that was impossible ?—Yes.

487. So the only way of doing it would be to put a notice outside the Hospital saying, " Hospital full "? —Yes, and to notify the ambulance authorities by telephone.

488. I think you would find there are other difficulties in the way ?—" Hospital full " would do.

489. And then you would send the case away to another institution ?—Yes, the Hospital does not notify it is full, and there is no reason why the L.C.C. should not send them to that.

490. They would have to go and find out, because the Hospital might be full at one hour and have vacant beds later on, or *vice versa* ; that is the difficulty, of course, of any system of that kind ?— Yes.

491. As regards some of these cases that are sent to Hospitals and are sent on ; they are given, as you say, first aid, and then, perhaps two or three hours probably after recovery of consciousness, they are sent on, and everybody would agree that the Hospital should keep them if possible, and the Hospital would wish to, but are not there a great many cases in which the patient is benefited by receiving first aid in a very few minutes in the first institution rather than being taken a considerable distance ?—Yes, I think that is probably so, although when it comes to a motor ambulance, I think it is very much better for the patient to be taken to a Hospital where he is going to be admitted straight away.

492. I quite agree ; although it is passing another institution on the way ?—Yes.

Dr. A. L. Baly.

493. Would not it be rather a great responsibility to put on an ambulance driver to pass that institution and go to another one ?—I think it is better it should be taken straight on in the large majority of cases. I think more suffer under the present system than there would if dealt with as I suggest.

494. You are aware that the percentage of casualties taken to Hospitol which require treatment in wards is very small ?—Yes; well, I have approximately half of what the L.C.C. bring me, and the majority of those brought direct are admitted as far as I am concerned.

495. That is very high ?—I am talking of cases brought in by the L.C.C., not those cases which walk in; the majority of those who walk in the Infirmary go home.

496. Your bar would apply only to cases brought by the police or taken home ?—I was referring to what I call the existing methods of dealing with street casualties. You would not allow people to bring in their friends who have got a cut finger or anything like that. I am referring to the street ambulances.

497. Sir GEORGE MAKINS: You were asked a good many questions about the advantage or disadvantage of accidents going to the Infirmary, but it does seem to me that if the Infirmaries would take every case, and instructions given to the police that they should be taken to the place where they would be most readily admitted in a very short time, I take it most cases would go to the Infirmary, and the police would think it would save them very much trouble. That would be a very great change in the medical practice of London, would not it ?—Yes, I think the police would take a case to a Hospital in preference to an Infirmary if they knew that the case was not going to be sent on to the Infirmary afterwards—if, being taken to the Infirmary, the case would be admitted if necessary. I think, from what I have heard, one or two Hospitals have a number of beds which are kept for street accidents. St. Thomas's Hospital send me a large number; but it is very rare, it is only once, I have had a case from Guy's. I suppose Guy's send a number to Bermondsey, but that is a long way from them.

498. They send a number on to other Hospitals ?—Yes.

499. I do not think you could say generally, taking the whole of the Infirmaries, that it would be as good for the patients if they were sent to the Infirmaries rather than to General Hospitals; General Hospitals have more facilities for accidents which require operations, and so forth ?—I suppose I only come in contact with the more live Infirmaries than others, but those I know of I am sure do have the facilities.

500. With regard to the qualifications of the staffs, do you think they compare ?—I should think they are certainly of the same degree.

501. I notice you say something of a case of insanity being sent on, but lunatics are always sent on from General Hospitals ?—Yes; there was something peculiar in that case.

502. I see a man with a fractured spine was sent on; was that a recent fractured spine ?—Yes.

503. Was that a mistake or intentional ?—I have no idea. It was a recent injury; it was one of those cases which had been in the Hospital ward.

504. Lady AMPTHILL: The system of the Poor Law Authorities of Lambeth Infirmary seems to be particularly humane, but in the Service Orders the practice does not seem to be the same. In one Infirmary not far from you, if the patient arrives between 8 and 10, the ambulance is not allowed to go through the gates, and in another Infirmary it is open to receive any poor person in the district suffering from the want of surgical or medical treatment, but they are not received from outside that district. I wonder whether you have found any difficulty in receiving these people who have not been received in other Infirmaries ?—No.

505. It is not because they are not serious, but they are not suitable ?—One parish has two Infirmaries in the borough. They have got an institution for chronic cases in their borough, and I think everybody knows that it is no use taking cases there. The Poor Law Infirmary for acute cases is situate outside the borough, and I think they are rather pleased we have to take so many of their cases as a result.

506. The CHAIRMAN: I think we were told by St. Pancras that the majority of Infirmaries had neither casualty nor out-patients departments, and that the cases should all go to the Hospital first ?—That, I think, is the view of the Board of Guardians. If the cases arrive at the Infirmary I am quite certain that it is necessary for the Medical Superintendent to receive them.

507. The reply from Southwark stated that Hospitals were entitled to pick and choose what patient they would receive ?—That is quite so; the Hospitals are entitled to pick and choose, and we are not.

508. There seems to be a diversity of practice and possibility of equipment ?—There is a diversity of practice and of equipment. Those I do know of seem to be up to date, and converting the Infirmaries into Hospitals.

The CHAIRMAN: We are much obliged to you, Dr. Baly, for your assistance.

(The Witness withdrew.)

MR. ROBERTS, called and examined.

509. The CHAIRMAN: Mr. Roberts, you are the Casualty Officer of Charing Cross Hospital ?—Yes.

510. How long have you held that position ?—Nine months.

511. Have you had some opportunity of considering the methods at present employed in regard to finding accommodation for street accidents or illness in public places requiring Hospital treatment or admission ?—Yes.

512. Have you formed any view as to the adequacy of the present methods employed ?—I think that the arrangements made by the L.C.C. are quite satisfactory. The difficulty arises when it becomes necessary to transfer patients from the Hospital to other and more suitable institutions, such as the Infirmary. Before a case can be dispatched to the Infirmary, we are obliged to summon the Relieving Officer, in order that he may ascertain full particulars, a procedure which may involve a delay of two or three hours. In the event of his deciding that the case is a suitable one for admission to the Infirmary, the L.C.C. is notified, and an ambulance is sent again to the Hospital for the conveyance of the patient. It seems to me that it should be permissible for the Casualty Officer to send the case directly to the Infirmary.

Mr. Roberts.

514. Do such cases frequently arrive at Charing Cross ?—Yes.

515. Have you any specific beds specially set apart ?—Yes: we have four beds in a small ward attached to the casualty department, but the Hospital regulations do not permit of our detaining a patient in one of these beds for more than 24 hours. If a casualty is to be admitted, it is transferred to one of the in patient wards of the Hospital.

516. I see that the L.C.C. conveyed some 980 cases to the Charing Cross Hospital during the year ending March, 1923 ?—Yes.

517. So you have had a considerable experience of L.C.C. cases ?—Yes.

518. Are many brought to your Hospital in wheel litters ?—No.

519. What are the reasons why you send cases on to the Infirmary ?—If we have no beds in the Hospital, and cases like fever, which require eight or ten weeks in hospital and there is very little treatment. We do not have more than one in at a time for teaching purposes.

520. Do you select your cases at all for teaching purposes ?—To a certain extent, yes.

521. Do you have any intimation before the case arrives that an accident is coming to your Hospital ?—No, Sir.

522. Do you communicate with the Infirmary at Fulham by 'phone before you send the case on ?—No, that is done by the Relieving Officer.

523. Then is the delay with the Relieving Officer ?—Yes, in getting him round. He is sometimes quite rapid and at other times an hour or two.

524. Is no case that has been brought to Charing Cross Hospital and has received first aid transferred to the Infirmary at Fulham unless and until the Relieving Officer has given an order ?—No.

525. Do you ever receive cases which have been sent on from other Hospitals ?—Never in my experience. I am referring, of course, only to L.C.C. cases.

526. Do you ever send any cases on to any institutions other than the Infirmary at Fulham ?—No.

527. When you are full, do you communicate with other Voluntary Hospitals or always send to the Infirmary ?—Occasionally we may communicate with other Hospitals, but as a rule the cases are sent to the Infirmary.

528. The information received from the Westminster Union is that cases transferred from a Hospital to this Union are required, if possible, to obtain a Relieving Officer's order for admission, and this is given at once on the recommendation of the Hospital's Medical Officer ?—Once the Relieving Officer comes round there is no delay; usually it does not matter, but sometimes if there is a rush on we have got all these four beds full, and it means they have to lie on the couch in the casualty ward.

529. What is the delay, days or hours ?—Only a few hours, but much extra work devolves upon the ambulance authorities who have first to bring the patient to Hospital, and who are then obliged to return later in order to convey the case elsewhere.

530. A suggestion has been made to the Committee that it might be desirable that a daily notification of the number of vacant beds should be supplied to the police and ambulance authorities. Have you formed any opinion in regard to that, so that cases should not be brought in vain to the Hospital ?—No, Sir; in my opinion such a plan would be impracticable. In a General Hospital such as the one under consideration, there are patients requiring specialised and constant treatment and there are Honorary Consulting Specialists ready to administer these treatments. Cases, therefore, which only require rest in bed may achieve this equally well in the Infirmary.

531. You mean a teaching Hospital must—— ?—I am not now considering the Hospital as a teaching institution, but as one supplied with a consulting specialist staff. It is deplorable that beds which are in urgent demand for patients who can be materially benefited by expert treatment, should be occupied by cases whose sole requirement is rest in bed over a prolonged period of time.

532. The question is raised whether that is in the best interest of the sufferer ?—Charing Cross would not send a case on to the Infirmary if it was likely to interfere with its possible recovery. Any case which they think would suffer by being sent on is kept at the Hospital.

533. You mean to imply that a Hospital with a consulting staff should not be filled up with ordinary cases which could be treated as well at an Infirmary ?—Yes, a lot of these Hospitals have cases of puerperal pneumonia, and those cases which are tired of life and want a bed. We have a lot of drunks brought in which are not brought in as drunks, but the L.C.C. ambulance is fetched, and they are brought in to us.

534. Charing Cross may, perhaps, have an unusually large proportion ?—I think they would have.

535. Have you any figures to show the proportion of cases brought to you by the ambulances which require in-patient treatment ?—No, Sir, but the number is small. Frequently cases are brought in by the ambulance, and within half an hour the patient may be able to walk out of Hospital.

536. We were told by a previous witness from one of the Infirmaries that something like 50 per cent. of the cases brought by the L.C.C. required in-patient treatment; is that your experience ?—No.

537. You would not hazard a figure ?—I should estimate the figure at 25 per cent. Many of the cases are patients who are suffering from shock, or from an epileptic fit, and after a few hours' rest they are quite fit to proceed.

538. Is the Westminster Hospital quite willing to take cases ?—Yes; they never refuse. There is one other point which I would desire to raise, and that is with regard to the type of patient that is picked up from the streets. These people are frequently in the most pitiful state. They are dirty and verminous, and their only complaint is destitution. Under the present scheme they have to be undressed and placed in our beds, and ultimately sent on to the Infirmary. It seems a pity they should be sent to the Hospital and not examined in the ambulance and dispatched forthwith to the Infirmary.

539. Is the Relieving Officer brought in in that case ?—He is brought in, and that is another delay while these people are lying in the bed, and then we have the ambulance there. That is only an occasional thing, only once a month, but still it is there.

540. Is it essential that the Relieving Officer should be brought in in every case ?—Yes.

541. We are told that the Infirmaries are ready

and willing to receive all cases needing treatment, especially those from the area which the Infirmary is associated with. I do not think we have previously encountered this difficulty of the Relieving Officer.

The SECRETARY: May I say that that is the only Hospital that mentions it.

542. The CHAIRMAN: Is that your only difficulty, putting the Relieving Officer in motion?—Yes.

543. If he did not have to come into operation at all you would be considerably relieved?—Yes.

544. Mr. COHEN: Have the Authorities of the Charing Cross Hospital taken any steps to get the arrangements with the Fulham Authority improved?—I do not think so.

545. They have taken no steps as far as you know?—No, Sir.

The CHAIRMAN: We are very much obliged to you for your assistance.

(The Witness withdrew.)

(Adjourned.)

KING EDWARD'S HOSPITAL FUND FOR LONDON.

MINUTES OF EVIDENCE

TAKEN BEFORE THE

AMBULANCE CASES DISPOSAL COMMITTEE

AT THE OFFICES OF THE FUND,

7 WALBROOK, LONDON, E.C.

ON

FRIDAY, 12th OCTOBER, 1923.

PRESENT:

SIR WILLIAM COLLINS, *in the Chair*,
VISCOUNT HAMBLEDEN,
LADY AMPTHILL,
SIR GEORGE MAKINS,
SIR JOHN ROSE BRADFORD,
MR. LEONARD L. COHEN.

(*Transcript from the Shorthand Notes of* MESSRS. GEORGE WALPOLE & CO., *Portugal Street Buildings, Lincoln's Inn, London, W.C.2.*)

FIFTH DAY.

Mr. W. A. Watford and Captain B. M. Cutbush.

MR. WILLIAM A. WATFORD (accompanied by CAPTAIN BERTRAM MAYHEW CUTBUSH), called and examined.

546. The CHAIRMAN: You are Mr. William A. Watford ?—Yes.

547. You are senior attendant in charge of the London County Council Ambulance Station at the Elephant and Castle ?—That is right.

548. How long have you held that position ?—Three years at the Elephant.

549. And before that ?—Three years at Brixton.

550. Always south of the Thames ?—Yes.

551. Has all your work been on the south side of the river ?—Well, not all of it, no; across the river at times. We are frequently sent across the river from the Elephant and Castle.

552. I think we have been told that there are seven ambulance stations at the present time of the London County Council ?—That is right.

553. How many are there south of the river ?—Three.

554. What area, roughly, is worked by your station at the Elephant and Castle ?—Well, practically from the Elephant and Castle we cover now anywhere in London, providing another car is not available; but the district covered actually by the Elephant and Castle, classing that as its own district, is Kennington, South Lambeth, and part of Camberwell.

555. Would you just tell us what is the procedure supposing you get a summons to a case at Kennington Oval, some accident ?—The car turns out. At Kennington Oval the case would be taken into King's College, St. Thomas's, or Lambeth Infirmary.

556. Do you exercise your discretion as to which of those institutions you take the case to ?—Yes; the attendant in charge makes up his mind where he is going to.

557. And what are the grounds upon which you make up your mind ?—Well, minor cases are taken to St. Thomas's, and if we think it is a case that will not be removed we take it to Lambeth.

558. Do the attendants administer first aid at all ?—Yes.

559. Do you yourself administer first aid ?—Yes.

560. No medical man travels with the ambulance ?—No. Sometimes we get a medical man to go, but very, very seldom. If a medical man is in attendance at the scene of the accident, then he might go, but very, very seldom.

561. When you take such a case to one of the Voluntary Hospitals do you have any difficulty in getting it admitted ?—None, Sir, whatever, at Hospitals.

562. Do you ever find that when you take a case to the first institution to which you go that they are unable to administer the necessary immediate treatment, or first aid ?—Not at Hospitals.

563. Do you encounter it elsewhere ?—At Infirmaries sometimes.

564. But you do take cases to Infirmaries sometimes in the first instance, do not you ?—Sometimes, yes.

565. If you find that they are unable to treat the case there, even with first aid, what do you do then ?—Well, we should have to transfer it to a Hospital.

566. But do such cases occur ?—Well, they have occurred.

567. Could you mention one that you remember ?—Well, not this last two or three months, because if we have a case which cannot be treated at an Infirmary we run straight to a Hospital, and ofttimes we have to pass an Infirmary to do so.

568. Which are the Infirmaries you have in your mind ?—Well, Camberwell for one.

569. You have the Service Orders in front of you, have you not ?—Yes.

570. I see under the heading "Camberwell Infirmary." "All severe accident cases requiring detention in a Hospital may be taken direct to the Infirmary instead of going first to King's College Hospital" ?—Yes.

571. That would seem to imply that they are prepared and able to undertake the necessary treatment of any case you bring ?—A query might be raised as to the district in which the patient lived.

572. You find that difficulty is raised, do you ? That is raised, yes.

573. Do you find that an Infirmary declines to treat or take in a patient because he does not reside in the area that the Infirmary serves ?—They are able to do so at the present time.

574. But do they do so ?—Yes.

575. Can you mention an Infirmary in which that has occurred ?—That would occur at Camberwell.

576. Have you had any experience of the Lambeth Infirmary ?—Yes.

577. Have you had any difficulty there ?—Well, up till about three months ago we used to have slight difficulty, but since they have built their casualty ward we have had no difficulty whatever.

578. What was the nature of the difficulty ?—They would not treat a case if it had lived outside the Lambeth area.

579. The same question of settlement ?—Yes.

580. Does the Battersea or the Bolingbroke Hospital come within your service ?—At times they do, but not regularly ; they are covered by Brixton.

581. Do you get any notification from them daily as to whether beds are available or not ?—Every morning at 9 o'clock.

582. Do you find that helpful ?—Well, I do not think it is much of a help to us.

583. But you do get at the Elephant and Castle Station intimation every morning from certain Hospitals that there are vacant beds ?—Yes.

584. Vacant beds ?—Yes.

585. Which are the Hospitals ?—Battersea General, the Weir Hospital.

586. And the Bolingbroke ?—Yes.

587. You think that would not be very useful generally ?—It is not helpful to us for emergency work at all.

588. Will you tell me why ?—Probably by the time we receive the call those beds might be filled up, and they are very small institutions.

589. Do you remember an instance in which one of those Hospitals daily notified you the number of vacant beds, and though you have taken a case to them, yet you have found there is not a vacant bed ?—Well, I cannot call one to mind.

590. I think we were told by Captain Cutbush, who will correct me if I am wrong, that there were some 3,000 cases or more in the year 1922–23 which have been taken by an L.C.C. ambulance to an institution and treated which were within 24 hours transferred by the L.C.C. ambulances to some other institution ; in other words, about one in every seven of the cases—14 per cent., I think you told me ?—(*Captain Cutbush*) : Yes.

591. Every seventh case that is taken to a hospital or institution is within 24 hours removed to another institution. How does that work ?—(*Mr. Watford*) : As regards us it works all right ; we are able to run into these institutions and drop our case and it receives treatment at once, and if they have not got a bed, well, we remove it.

592. You only do that within 24 hours I understand ?—That is all.

593. What happens after that ?—They have been removed by their own institutions, by their own ambulances, I suppose. We do not touch them after 24 hours.

594. Is there any difficulty in the matter of delay in getting the machine back to the station after you have taken a case to an institution ?—There is no delay from Hospitals ; at Infirmaries there seems to be more delay.

595. Why is there delay ?—Well, there is not the medical staff to hand the cases over to as at Hospitals.

596. Again, which Infirmaries are you referring to ?—Well, take St. James' Infirmary for one.

597. Where is that ?—That is at Balham.

598. What Union does that serve ?—Wandsworth. I believe there is only one resident medical man, so, if a case is taken up there, it might be some considerable time before the medical man would see it.

599. How long have you had to wait there ?—A quarter of an hour sometimes.

600. Is there any difficulty about getting the relieving officer to make an order before a case can be removed from a Hospital to an Infirmary ?—We have nothing to do with the relieving officer, not on our Service—nothing whatever.

601. Do you or do you not find that when you have to remove a case from a Hospital to an Infirmary that the relieving officer has first of all to be called upon the scene ?—A doctor always makes our order out from the institution from which it is sent.

602. You do not know whether he has previously had to consult the relieving officer or not ?—I could not say.

603. Do you ever have cases in which accidents have occurred outside the boundary of the County of London and are brought into the County of London ?—Very seldom.

604. Croydon would come within your knowledge, would it not ?—No, we do not touch Croydon. If anything happens in Croydon we meet the Croydon people and transfer the case from them, and bring it into London after it has been treated.

605. That is what I wanted to understand, how that transfer takes place ?—Well, Croydon picks them up to take them to a Hospital, and we meet

them at Norbury Brook and transfer the case from their car to ours, and bring them into London.

607. Does the Croydon ambulance take them to a Hospital in Croydon ?—Yes.

608. Is the patient then given first aid or treatment ?—Yes.

609. Then after that what happens ?—Well, if it is a transference and the case lives in London Croydon brings it as far as Norbury Brook, and we meet them there and take the case off them.

610. Is Norbury Brook a regular meeting-place ? —That is the boundary.

611. There is no Institution or Hospital there, is there ?—No.

612. Do the two ambulances meet, and you transfer the patient from one to the other ?—Yes.

613. Does the method obtain anywhere else except Croydon ?—At Tottenham.

614. Has the transfer of cases from one Ambulance Service to another given rise to difficulty or complaint ?—None, Sir.

615. Have you had anything to do with the Lewisham Hospital ?—Very little ; I have not been in that district very much.

616. Or the Southwark Hospital ?—No ; we do not take cases straight into Southwark without an order. They will treat them, but we do not get called there very much—very, very seldom.

617. I see in the Service Orders it says under "Southwark Hospital." "Only admits patients from the Southwark district, and does not receive ordinary cases occurring in the neighbourhood." Is that the Southwark Infirmary ?—That is at Champion Hill, yes.

618. From your practical knowledge of handling these cases of accident and illness, have you any suggestion you could make to the Committee as to improving the method of dealing with these patients ?—No, I do not think it can be improved on, not as regards the working of the London Ambulance Service.

619. Do you keep a record of the time taken before the patient is admitted ; between the call and the patient's arrival at the first institution ?— The time is taken from the car leaving the station to picking up the case ; the time that is taken in picking up the case and treating it and running to hospital ; the time delayed at Hospital and the time running from the Hospital home. The car is booked out and home, and it is always recorded on every occasion.

620. Can you give the Committee any general statement as to the length of time, the longest and the shortest time withln each different occurrence ? —Well, the time of attending to a case, anything from a quarter of an hour to an hour.

621. What do you mean by "attending to a case," from the first call to the arrival of the ambulance back ?—From the time when starting to get back might be done in a quarter of an hour. Picking up a case in Lambeth, say, we have only to go to Lambeth with it. We might run down to Brockley from the Elephant, which would take an hour from the time of leaving the station to getting back again. I think the average is about half an hour for each car.

622. Do you go down as far as New Cross ?—Yes.

623. Where would you take a patient if an accident occurred at New Cross ?—To the Miller.

624. Denmark Hill do you take ?—Sometimes.

625. Where would you take a case to from there ?—King's College.

626. Peckham Rye ?—From Peckham Rye we should have to run back to King's College and pass Camberwell.

627. Spa Road, Bermondsey ?—Rotherhithe Infirmary.

628. Waterloo Station ?—St. Thomas's.

629. Sir GEORGE MAKINS : if an Infirmary refuses to take in a case, are there any other grounds on which they may refuse besides that of the patient not belonging to the parish ?—Only as stated in Service Orders. At some of the institutions they do not want to treat small cases ; they only want cases that will stop in. They prefer, if a case is taken to an Infirmary, to keep it for a few days.

630. Supposing it is a trivial case that they do not take in, would not they treat that as an out-patient ?—No, Sir.

631. What would they tell you to do then—take it to a casualty department of the Hospital ?—We do not give them a chance ; we know it is no use going, and we take them straight to the Hospital.

632. Mr. COHEN : Is there any delay in the transfer at Norbury Brook; that is to say, does it always happen that you meet at the moment as arranged ?—We are sent out from headquarters from the Elephant and Castle and it takes us about 20 minutes. There is no delay whatever ; the two cars meet, they are timed to meet, and there is never any delay.

633. You are not aware that there is a transfer office, a small one, at Erith in Kent ?—No, I do not touch that.

634. But the Service does, does not it ?—Not that I am aware of. (*Captain Cutbush*) : Yes, that is so.

635. Are you summoned by any other people than by the police ?—(*Mr. Watford*) : Oh, yes.

636. What would be the proportion, 50 per cent. of the cases summoned by the police or more ?— Oh, above 70 per cent. summoned by the police.

637. Above ?—Yes.

638. Sir JOHN ROSE BRADFORD : Can you give the Committee any instance of a serious case having been refused either at a Hospital or an Infirmary ?—Not at a Hospital. I have never known one in the whole of the time I have been on the Service to be refused at a Hospital.

639. Have you known in your own experience of any serious case having been refused at an Infirmary ?—Not to say actually refused. I do not think they would refuse it ; they would make the trouble afterwards, after they had taken the case in.

640. Part of my question was whether any person had been refused treatment ?—Never in a severe case.

641. Viscount HAMBLEDEN : Is the attendant of the ambulance ever told when a case is taken into a casualty department that no bed is available ? —They would not take the case into the casualty department of an Infirmary.

642. No, at a Hospital ?—Oh, no, not at a Hospital.

643. That enquiry is not made ?—No. At a Hospital a case is taken in and we leave practically at once.

644. The case is taken into the casualty department at once ?—The case is taken in at once, and we leave at once ; there is no trouble whatever at Hospitals.

645. But on occasions the case is sent on because no bed is available ?—That is right, Sir, but it has been treated.

646. That information is never given to the attendant of the ambulance that brings the case in ?—No, that is referred to headquarters, not to us.

647. And the ambulance goes again to pick the case up ?—Yes.

648. So you cannot remember any case of a patient being sent straight on from a Hospital ?—No, none whatever.

649. For that reason ?—No.

650. Do you say that in the great majority of cases the police telephone for the ambulance ?—Yes.

651. Would it in your opinion be useful if the policeman at the same time he telephoned for the ambulance also telephoned to the nearest Hospital to enquire if a bed was available ?—I do not think so, because when an accident occurs a policeman has got all his work cut out to get his particulars.

652. He would not have time ?—He would not have time to attend to it. Ofttimes by the time we arrive on the scene of the accident the policeman has not got half his particulars at all, and we are away and he has to come to us for the remainder of them, unless he accompanies, of course. But the police have got enough to do in the case of an accident in getting their own particulars.

653. I suppose the ambulance attendants as a rule have a pretty good idea whether the case is a serious one or not ?—Yes, in the time that they have at their disposal. Of course, they cannot diagnose how a case is going to turn out.

654. Would it be fair, do you think, to throw upon them the responsibility of taking a case past the doors of an institution where it could receive first aid in order to take it a good deal further to an institution where it was certain that it could be taken into a bed if necessary ?—No.

The CHAIRMAN: Thank you, Mr. Watford, the Committee is much obliged for the information you have given us.

(The Witness withdrew.)

MR. J. S. OXLEY, called and examined.

655. The CHAIRMAN: Is it proper to describe you as Chief Inspector of the Ministry of Health ?—Chief Metropolitan Inspector.

656. As regards the nature of our inquiries I do not know whether you have seen our Terms of Reference ?—Yes, I have.

657. I think you were present at the Conference that took place in July under the chairmanship of Lord Eustace Percy ?—Yes.

658. If I remember rightly, at that Conference the desire was expressed on behalf of the Ministry that this Committee should pursue its inquiries as regards the ambulance cases within the County of London ?—I think so, yes.

659. And I think we were told by another witness that the Ministry had subsequently set up a small Committee to deal with the ambulance cases outside the County of London ?—Yes; you will hardly call it a Committee, because practically two of us are doing it with the Scotland Yard Superintendent and Traffic Adviser to the Metropolitan Police—Mr. Bassom. He has been away for his holidays lately, but we have got as far as this: we have found out in regard to every district outside London and inside greater London, the Metropolitan Police area, what ambulances would be available for that district.

660. Our Reference, you see, includes the Metropolitan and neighbouring areas, so we were anxious to know what this small Committee was doing so that we may not be doing the work over again ?—This small Committee is taking the Metropolitan Police area minus the London County area, that is the Ring.

661. That would certainly include the neighbouring areas to the London County Council ?—Practically everywhere.

662. They are mentioned in our Reference ? Yes.

663. May I ask you when your investigations are likely to be completed ?—I have done all I can do until I get hold of Mr. Bassom from Scotland Yard. I have prepared this list of all the ambulances that exist in the Ring, and have taken each district, and then made a table showing what ambulances there are within a certain mileage.

664. May I ask from whom you are deriving your information ?—Through Scotland Yard and from various other sources, chiefly the Red Cross, and, as far as the locality is concerned, my own knowledge of the district.

665. Have you thought it necessary to apply to the Local Voluntary Hospital Committees ?—Not yet, no. We want first of all to see what there is, because our idea is that local authorities will have to pay for ambulances. These private ambulances probably will not go outside their district without a payment, so there will probably have to be a payment.

666. Will you make a report to the Minister ?—Yes, that is what we are going to do as soon as we get at Superintendent Bassom.

667. Is that going to be a matter of weeks ?—Oh, quite. I hope to do it as soon as I can get hold of Superintendent Bassom. We can have the final Committee and then settle the Report.

668. Would it be asking too much if you could place it at the service of this Committee, with the sanction of the Ministry ?—With the sanction of the Minister, certainly.

669. So that we might not duplicate our inquiry ?—Quite. I would always be willing to place any information I have obtained at your disposal, but, of course, the Report, as soon as I hand it in, belongs to the Minister.

670. It was the Voluntary Hospitals Commission, which has been in close relation to the Ministry, which intimated to the King Edward's Hospital Fund that this inquiry should be conducted in conjunction with the Local Hospital Committees? We have hesitated before ascertaining what your Committee is doing, and also we had some doubt as to whether it would be necessary or desirable to trouble the Local Voluntary Hospital Committees on the matter ?—You ought to understand that when we once get this Scheme accepted, as I hope will be the effect of this Report, then each local authority would have to apply for powers to pay.

671. Do you mean to pay for a voluntary ambulance, or to maintain an ambulance service for themselves ?—With most of the ambulances that exist they would have to pay, because generally local authorities will not go outside their district, and ambulances of the Metropolitan Asylums Board are scattered all over the district, but they cannot use ambulances at the cost of London rates except for County of London purposes.

672. Do you find, generally speaking, that in cases of street accidents or illness occurring outside the County of London, but within police London, which require an ambulance the ambulance has to be paid for ?—Many ambulances may have to be, but I think to get a perfect system, to cover all the ground, regular payment will have to be arranged for. That is my impression at present, probably a shilling a mile. Then we thought well, I do not mind saying what we hoped to recommend—that these ambulances which are on payment should only be called on the authority of a police constable, because we do not think if an ambulance has to be paid for by the local

authorities, anybody ought to have the right to call it.

673. The payment you contemplate is by the local authority ?—Yes.

674. With power to recover or not ?—If they like, yes. But the local authority, with the authority of the Ministry of Health, may obtain powers to maintain ambulances ; so we thought of using that power.

675. What Act is that under ?—I did not know you were going to ask me these questions ; I have got it in my room, but I could not tell you offhand. That possible point was not mentioned in the letter.

676. Probably a more familiar subject on which we want the advantage of your information and experience is the question of statutory powers and duties of poor law institutions to deal with cases of street accident or illness. We have been told that it is their duty or that they must deal with cases brought to their doors. We want to know what the law on the subject is ?—It is not quite that ; it is not lawful for any poor law authority to admit into an institution as patients persons who are not destitute within the meaning of the statutes, so they have to be destitute. Strictly they have no power to admit any one who is not destitute. "Destitute" has been defined, and this definition is generally accepted : "The Guardians are entrusted with the task of deciding, upon the evidence before them, whether a particular person whose case is under consideration is or is not destitute ; and in determining this question they have to remember that a person may be destitute in respect of the want of some particular necessity of life without being destitute in all respects—as, for instance, a person who is not destitute in the sense that he is entirely devoid of the means of subsistence, may yet be destitute in that he is unable to provide for himself the particular form of medical attendance or treatment of which he is in urgent need." Therefore a man, a very rich man, may be destitute in that he needs Hospital treatment which he cannot get except in the Infirmary.

677. Is it lawful for an Infirmary to admit any cases of serious accident which are brought to their doors irrespective of their being destitute in the common and normal sense ?—Yes, a destitute millionaire.

678. Then they have not to make a preliminary investigation ?—No, because it is the statutory duty of relieving officers and heads of institutions, irrespective of guardians, to admit cases of sudden or urgent necessity.

679. Is this under an Order or a Statute ?—That is under the general consolidated Order, and it has been repeated in all subsequent orders that the heads of institutions or relieving officers have to admit cases of sudden or urgent necessity. That is to prevent starvation cases.

680. Is it necessary for the relieving officer to give an order before such a case, a street accident, is admitted to an Infirmary ?—If he was applied to then he would have to make the order, but the head of the institution not only has the power of admitting, he has an obligation to admit.

681. We were told that at one Voluntary Hospital it was the practice to apply to the relieving officer before transferring any serious case of accident or illness to an infirmary ?—That might not be sudden or urgent.

682. Would that apply to an ordinary street casualty that was admitted, but which, the Hospital find, having given first aid, it impossible to retain as an in-patient ?—Well, the head of the institution has to decide whether it is sudden or urgent ; it is his responsibility.

683. When you are speaking of an institution do you mean a Voluntary Hospital that is sending or the Infirmary that is admitting ?—No, the admitting one, the receiving. Of course, there is the old case in which Mr. Justice Hawkins tried a relieving officer for manslaughter, because he did not admit a case that was sudden or urgent.

684. I think we were told by the casualty officer of the Charing Cross Hospital that it was their practice, and he understood it to be necessary, that before a case was removed from Charing Cross Hospital, a serious street accident case, to the Infirmary at Fulham, to get the relieving officer's order ?—Do you mean removed from Charing Cross Hospital, or from the street ?

685. No, from the Hospital ?—That would be because it would not be sudden or urgent ; it was being relieved at Charing Cross, was not it ?

686. It seemed exceptional to us ; we had not heard the difficulty raised in connection with any other Hospital ?—No.

687. We were told that it was the practice at Charing Cross, and it gave rise to some delay in getting the relieving officer to give his order for the admission of a street accident if he had been taken to Charing Cross and received first aid, and it was not deemed necessary or desirable to keep him in the Hospital ?—Of course, the trouble is that when these cases get to the hospital there is no doubt that infirmaries are not so ready to receive them as when they are taken straight from the street. Financial questions come in.

688. Do you mean the question of settlement ?—That arises sometimes, yes.

689. Would an Infirmary refuse to take in a case of serious street accident because the person in not a resident within the Union ?—Certainly not, if it is sudden or urgent.

690. Have you seen the Service Orders that are issued to the London Ambulance Staff ?—No, I have not actually seen the Orders ; I have often heard of them, have had them mentioned to me.

691. They begin by saying: "It is to be distinctly understood that for the purposes of removing street accident or street illness cases, Hospitals and Infirmaries are on the same footing—that is to say, the institution to which the case is removed should be determined by the locality from which the case of injury or illness is taken." Would you say that all Poor Law Infirmaries within the Metropolitan area should be treated the same as Hospitals for the reception of such cases ?—Yes. Of course, some have better accommodation than others ; with that qualification, yes.

692. I think we were told from St. Pancras and Islington that it was the practice, and that they deemed it desirable, that all cases should first be taken to a Hospital and only removed to the Infirmaries if so desired ?—I have not heard of that, no.

693. Are all Infirmaries equally well equipped, do you think, in London for dealing with street accident cases ?—No, I should think not. I should think Lambeth is better equipped than most, because they have just built some new receiving wards which are specially equipped for accident cases. Some of the older ones have not got good receiving accommodation.

694. In the Service Orders "Chelsea Infirmary" it is said : "Cases of serious accident are not to be taken to the Infirmary."—I was not going to mention names, but perhaps Chelsea has the worst receiving wards in London.

Mr. J. S. Oxley.

695. You think they are wise then to make that Order ?—That may be a reasonable provision. Both Sir Arthur Downes and myself were always pressing them to improve their receiving accommodation at Chelsea, and they were only, I think, waiting when the war broke out for some lease to fall in on the Cadogan estate.

696. " Fulham Infirmary. Is open to receive any poor person resident in Fulham, suffering from serious disease, surgical or medical." There the question of settlement is brought in ?—They, of course, are trying to keep out cases that are not their own cases.

697. But you say it is their duty if the case is sudden or urgent to take it in apart from the question of settlement ?—Yes, but it is their decision as to whether it is sudden or urgent.

698. Then " Greenwich and Deptford Hospital. Accepts cases provided they are removed from the Greenwich Union area." The same question of settlement comes in there ?—Yes, it is a question of taking to the right place if they can.

699. You see, it considerably complicates the orders given to the ambulance attendant ?—It does.

700. I think there are out of some 80 institutions, 32 which have some special proviso attached to them ?—I think it could in a great measure be got over if there was the right to charge expenses.

701. Do you mean the handling of such cases to be a common metropolitan charge ?—It is to a great extent, because a very large part of the Hospital finance falls upon the Common Poor Fund, and if there was a power to charge the proper allowance at once without undue complications, I do not think there would be any great reluctance to take cases in.

702. Would there still remain the objection that not all of them are equally well equipped for dealing with such cases ?—Yes, of course. The same remark would apply to Hospitals, would not it ? There are degrees.

703. The ambulance attendant who was here just now told us he had not the same difficulty with Voluntary Hospitals that he had with Infirmaries ?—I think the receiving accommodation at the Infirmaries is considerably better than it was 15 or 20 years ago, when I first had to do with them. I mean it has gradually been improving steadily in recent years like every other Hospital, but perhaps not so fast.

704. But there is at the present time you agree considerable divergence amongst the Infirmaries, both in their reception of these cases and in their equipment for dealing with them ?—A divergence I should say, without saying considerable.

705. Then we have also had the question of pauperisation raised. Can you tell us how that matter stands with regard to the millionaire taken in a state of unconsciousness to an Infirmary ?—He technically becomes a pauper, but it is camouflaged so nowadays, that really they do not know, they are called a poor person or a destitute person.

706. Is there any disqualification attached thereto ?—The only disqualification since the recent Finance Act is that you cannot become a Guardian or a Councillor.

707. There is no question of the Parliamentary vote ?—The Parliamentary vote disqualification was repealed by the last Franchise Act.

708. Viscount HAMBLEDEN: Supposing a case is taken to a Hospital, a casualty, and is treated, given first aid, but the Hospital cannot find a bed for it, is the Hospital bound to send that case to the institution in the district in which the Hospital is situated ?—No, if there is time. I have brought, in case you wanted it, a copy of the letter that is usually sent. We try to get the Hospitals to find out the residence of the patient, and if so they telephone to the Union of residence to ask if they are willing to take the case, and if they agree it saves a tremendous lot of trouble.

709. I am speaking, of course, of a case that has not been admitted to a bed at all, only goes out of the casualty department and probably would require removal in the course of a few hours at the longest ?—If it happened in the daytime they could telephone to the clerk of, say, Fulham Union if the accident was at St. Thomas', and they found the man lived at Fulham, they would telephone to the clerk to the Fulham Union : " We have got John Jones, of such and such a street of Fulham ; will you take him ? " He would probably say " Yes," if he had no doubt about it, but if he thought there was any question of settlement likely to arise he would say : " No, you must send to the Union in which is St. Thomas' Hospital."

710. Could you put in the letter to which you refer ? — Yes, certainly. (*See Appendix X.*) Of course, that letter was really written for a case that had to be removed from Hospital. That is a letter that Sir Arthur Downes and I settled about 10 or 12 years ago, and it has been used since with slight modifications. In this kind of case the last paragraph does not apply.

711. I do not think any difficulty is experienced in the case of patients who have been in Hospital for some time ?—That is so.

712. In my experience, at any rate, I think that is generally fairly easily arranged by communication with the Union concerned, but, of course, it might mean that a patient would have to be sent a long distance ?—Yes.

713. When he was in rather a precarious state ? —Then, of course, the Union in which the Hospital is situated would have to deal with it until it was able to go.

714. Even though there might be another institution very much nearer ?—Yes. Strictly, I mean, there is a lot of give and take, and I think as a whole the Infirmaries are more or less willing to help, and not to act too strictly on the letter of the law.

715. In fact, you might get two well-known institutions widely separated ?—Yes.

716. One of which will get nearly all these cases, and the other would get hardly any ?—Yes.

717. Mr. COHEN : Are these Infirmaries legally entitled to raise this question of settlement in cases of sudden accident, because the Order says : " Providing also," etc. (reading to the words) " or urgent ? "—Sudden or urgent.

718. Street accidents are necessarily sudden ?—Yes.

719. Is it within your legal powers to raise the question of settlement when they have the power to admit a case ?—Not at the time they receive it, but afterwards.

720. We have had it in evidence that some Infirmaries have raised the question of settlement at a time which, in the opinion of the witness, was dangerous to the patient ?—Yes. I do not think they ought to. You may have an injudicious officer asking questions.

721. The CHAIRMAN : Perhaps you will kindly let us have the Report with the sanction of the Minister, so that we may not overlap in our inquiries ?—Yes.

APPENDIX II.

LETTER FROM VOLUNTARY HOSPITALS COMMISSION.

Voluntary Hospitals Commission,
MINISTRY OF HEALTH,
WHITEHALL, S.W.1.
24th March, 1923.

Sir,

I am directed by the Voluntary Hospitals Commission to refer to the enclosed Question and Answer given in the House on Wednesday, 21st March, and am to ask if the King Edward's Hospital Fund, as the Local Voluntary Hospitals Committee for London, would be good enough to take the matter into their consideration in conjunction with the Local Voluntary Hospitals Committees surrounding the Metropolitan area, and furnish the Commission with the result of their consideration.

I am, Sir,

Your obedient Servant,

(Signed) P. BARTER.

H. R. Maynard, Esq.,
King Edward's Hospital Fund for London.

Mr. Briant.—To ask the Minister of Health, if his attention has been called to the frequent delay in the removal of persons by ambulance after street accidents in London to hospitals, etc., where they can be received; if he is aware that persons in a critical condition are sometimes taken to an institution where they are refused admission owing to the lack of vacant beds, and that a second journey has to be taken before actual admission to another institution is obtained, thus involving danger to life and much avoidable suffering; and/or if further co-ordination between the ambulance and hospital infirmary authorities can be attained, by which daily reports of institutional accommodation available can be in the possession of the ambulance authorities and the police, so that the delay in obtaining proper attention can be avoided.

Answer.—Cases of delay undoubtedly occur, though I have no evidence that they are of frequent occurrence. I have referred the Honorary Member's suggestion to the Voluntary Hospitals Commission, with a request that it should be brought to the notice of King Edward's Hospital Fund acting as the Local Voluntary Hospitals Committee for London, and the Local Voluntary Hospital Committees surrounding the Metropolitan area.

APPENDIX III.

CITY OF LONDON POLICE AMBULANCE SERVICE.

THE COMMISSIONER OF POLICE FOR THE CITY OF LONDON.
26 OLD JEWRY, E.C.,
4th July, 1923.

Sir,

SPECIAL COMMITTEE ON HOSPITAL ACCOMMODATION FOR ACCIDENT CASES.

(i) I am directed by the Commissioner of Police for the City of London to acknowledge receipt of your letter of 26th ultimo, with its enclosures, and to acquaint you that the City Police Ambulance take their cases to St. Bartholomew's, the London, and Guy's Hospitals, according to which is nearest to the place where the case arises, and no difficulty has been experienced as to cases requiring to be admitted.

(ii) The number of cases removed to Hospitals by the City Police Ambulance last year numbered 2,054, viz. :

St. Bartholomew's Hospital	1,708
The London Hospital	119
Guy's Hospital	227

and of these 290 or 14·11% were admitted, the remainder being treated and discharged, except in some cases where life was found to be extinct on arrival at the Hospital."

(iii) The City Police Ambulance can only be called, by the system of call posts, by the Police for whose use they are provided, for the removal to hospital, and as the vehicles are electrically driven it is not practicable for them to proceed to any considerable distance from the City.

(iv) The Commissioner will, of course, be glad to assist the Committee in any way he can, but in view of the foregoing facts he will be glad to know whether it is still desired that he should arrange for a witness to give evidence, and, if so, on what point or points.

I am, Sir,

Your obedient servant,

(Signed) W. NOTT-BOWER,
Chief Clerk.

The Secretary,
King Edward's Hospital Fund for London,
7 Walbrook, E.C.4.

APPENDIX IV.

LETTER FROM METROPOLITAN ASYLUMS BOARD.

METROPOLITAN ASYLUMS BOARD,
EMBANKMENT,
LONDON, E.C.4.
21*st November*, 1923.

SIR,

I am directed to refer to your letter dated 27th ultimo, and to state that the Board appreciate your invitation to submit information or give evidence bearing on the enquiry of your Special Committee into the question of hospital accommodation for cases of accident or sudden illness occurring in streets or public places.

It is felt, however, that the Board are not very closely concerned with the subject matter of the enquiry, since their functions do not extend to the removal of cases of accident or sudden illness occuring in the streets, although they do not, of course, refuse to supply an ambulance for such cases in an emergency, and have removed a few cases.

Apart from the work of removing cases of infectious diseases in the metropolis and of other cases to and from the institutions of the Board, their ambulance service is utilised on a substantial scale for the removal of cases of illness of all kinds, both inside and outside the metropolis, and for this work a charge is made. When the removal is from a house to a hospital under these conditions, it is in accordance with arrangements previously made with the hospital authorities.

The Board have informed the Commissioner of Police that they are willing to supply ambulances in case of need for removals from houses, hotels, etc., upon the request of the police authorities.

I am to express regret at the delay in replying to your letter, and to add that if there is any further information in connection with the Board's ambulance service which would be of use to your Committee, the Board would be happy to supply it.

I am, Sir,
Your obedient servant,
(Signed) N. A. POWELL,
Clerk to the Board.

The Secretary,
King Edward's Hospital Fund for London,
7 Walbrook, E.C.4.

APPENDIX V.

Handed in by CAPTAIN CUTBUSH.

(Question 13.)

LONDON COUNTY COUNCIL.

LONDON AMBULANCE SERVICE.

RETURN OF NUMBER OF CASES (INCLUDING "REMOVALS") TAKEN BY THE SERVICE TO HOSPITALS, ETC.—YEAR ENDED 31ST MARCH, 1923.

(1) General Hospitals—		
Battersea	81	
Blackheath	1	
Bolingbroke	79	
Charing Cross	980	
Eltham and Mottingham	2	
German	188	
Guy's	1,927	
Hampstead	163	
Kensington	8	
King's College	1,277	
London	1,053	
London Homœopathic	3	
London Temperance	159	
Metropolitan	288	
Middlesex	596	
Mildmay	18	
Miller	461	
Norwood	—	
Poplar	319	
Putney	64	
Royal Free	1,179	
Royal Northern	426	
St. Bartholomew's	618	
St. George's	479	
St. John's	9	
St. John and St. Elizabeth	20	
St. Mary's	556	
St. Thomas's	842	
Seamen's	51	
University College	344	
Weir	123	
West London	686	
Westminster	436	
Woolwich	—	
		13,436
(2) Military Hospitals—		
Millbank	44	
Royal Herbert	8	
		52
(3) Children's Hospitals—		
East London Hospital	1	
Queen's Hospital	34	
Victoria	7	
		42
(4) Lying-in Hospitals—		
British Home for Mothers	23	
Battersea Maternity Home	101	
Bermondsey	2	
City of London	172	
Clapham	15	
Deptford	35	
East End	78	
Fulham	3	
Garrett Anderson	4	
General	136	
Greenwich	38	
Hammersmith	52	
Jewish	9	
Carried forward		13,530

Brought forward		13,530
Lewisham	46	
Marlborough (Royal Free)	53	
Poplar	—	
Salvation Army	29	
Queen Charlotte's	123	
West Norwood	49	
Wandsworth Metropolitan Borough Council	—	
		968*
(5) Poor Law Institutions—		
Bermondsey	174	
Bethnal Green	137	
Camberwell (Havil Street)	214	
Do. (Constance Road)	47	
Chelsea	115	
Fulham	479	
Greenwich	274	
Hackney	323	
Holborn (Shepherdess Walk)	88	
Do. (Archway Road)	46	
Islington (St. Mary)	122	
Do. (St. John's)	18	
Kensington	221	
Lambeth	588	
Lewisham	502	
Mile End	51	
New End	59	
Paddington	184	
Poplar	6	
St. Andrew's	116	
St. George-in-the-East	29	
St. Leonard's	191	
St. Marylebone (Rackham Street)	120	
Do. (Northumberland St.)	16	
St. Pancras	223	
Southwark	253	
Do.	8	
Wandsworth (St. James's)	666	
Do. (St. John's)	124	
Westminster	453	
Whitechapel	150	
Woolwich	248	
City of London	2	
		6,249
		20,747

Number taken to hospitals	20,747
Number taken to patients' homes	2,828
Number taken to special hospitals	156
Number of cases	23,731
Ambulance not required or unavailable	1,682
	25,413
Less additional patients and continuous removals	787
Total number of calls	24,626

* This figure includes patients who, having booked beds, are taken from their homes to the hospitals between the hours of 11 p.m. and 8 a.m.

APPENDIX VI.

Handed in by CAPTAIN CUTBUSH.

(Question 18.)

LONDON COUNTY COUNCIL.

LONDON AMBULANCE SERVICE.

EXTRACT FROM SERVICE ORDERS.

HOSPITALS.

It is to be distinctly understood that for the purposes of removing street accident or street illness cases Hospitals and Infirmaries are on the same footing, *i.e.*, the institution to which the case is removed should be determined by the locality from which the case of injury or illness is taken.

[1-10-15—30-3-20

This order is subject to the following provisions—

**Battersea General Hospital.*—Stations will be notified from headquarters at 9 a.m. daily whether a bed or beds are available at this Hospital. If notification be made that no beds are available no case which, in the opinion of the attendant in charge, may possibly require in-patient treatment is under any circumstances to be taken to the Hospital. Cases where detention is obviously not necessary may be taken to the Hospital at all times. When a bed or beds are notified as available a case which may require in-patient treatment may be taken to the Hospital. The only cases ineligible for admission to the Hospital are—infectious diseases, mental and epileptic cases and "chronic" cases the condition of which renders it unlikely for the patient to derive lasting benefit from Hospital treatment. Epileptic cases may be treated in the out-patient department. [17-4-20.

†*Bermondsey and Rotherhithe Hospital.*—Receives street accident and street illness cases.

Blackheath and Charlton Hospital.—Cases occuring in the district will be taken in. Cases from outside the district will be taken in provided it is impossible to admit the patients elsewhere. As the accommodation is limited and the Hospital is as a rule full, only cases of an urgent nature should in the ordinary way be taken to the Hospital. Before sending any cases that may occur outside the district, it should be first ascertained by telephone whether such cases can be accepted. [2-12-15.

**Bolingbroke Hospital.*—Vacant beds are notified from headquarters daily.

†*Camberwell Infirmary.*—All severe accident cases requiring detention in a Hospital may be taken direct to the Infirmary instead of going first to King's College Hospital; all epileptic cases should be taken to Constance Road Infirmary and not to Havil Street. Cases not requiring detention in bed should not be taken to the Infirmary. When an ambulance visits the Infirmary between the hours of 10 p.m. and 8 a.m., it is to be stopped at the entrance gate and the patient carried in. Particulars of any equipment left at the Infirmary are to be entered in a book provided for the purpose in the receiving ward and the attendant will sign in the book for any such equipment when collected. [31-8-22—5-10-22.

†*Chelsea Infirmary.*—Cases of serious accident are not to be taken to the Infirmary.

†*City of London Infirmary.*—Patients will not in ordinary circumstances be taken to this Infirmary, but cases of extreme urgency will be accepted.

Eltham and Mottingham Hospitals.—Will accept any cases which occur in their districts. Cases from outside the districts cannot be accepted until the sanction of the Hospital Committee shall have been obtained. [2-12-15.

†*Fulham Infirmary.*—Is open to receive any poor person resident in Fulham, suffering from serious disease, surgical or medical. The Infirmary is equipped to deal with serious surgical cases.

†*Greenwich and Deptford Hospital.*—Accepts cases provided they are removed from the Greenwich Union area.

†*Hammersmith Infirmary.*—Not available until further order.

†*Highgate Hospital.*—Accepts any cases.

†*Holborn and Finsbury Hospital, Archway Road and City Road Institution, Shepherdess Walk.*—All cases already treated at a Hospital, if to be transferred to a Holborn Union establishment, are to be taken direct to the Hospital at Archway Road, and not to the City Road institution. As the City Road institution has no resident Medical Officer, cases should not be taken to that institution if they can be taken to an institution having a resident Medical Officer. [29-11-20.

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* At 9 a.m. daily the call officer on duty will inquire of the resident medical officer at the Battersea General Hospital, the Bolingbroke Hospital, and the Weir Hospital, whether any beds are available for street accident cases, and he will notify the ambulance stations concerned accordingly.

† Guardians' institutions

*Kensington, Fulham and Chelsea General Hospital, Earl's Court, S.W.*5.—Receives accident and illness cases conveyed by this service. [28–6–22.

King's College Hospital.—When, on arrival at this Hospital with a case the crew is asked to take a removal case, the attendant in charge will ask headquarters by telephone whether this may be done, and if practicable the ambulance will undertake the removal. [11–7–22.

†*Lewisham Hospital.*—Any case of an urgent nature will receive attention provided the patient belongs to the locality. Any very urgent case or accident of any kind will be admitted. When an ambulance visits this Hospital between the hours of 10 p.m. and 6 a.m., it is, in fine weather, and if the state of the patient allows, to be stopped at the entrance gate, and the patient is to be carried in. Particulars of any equipment left at the Hospital are to be entered in a book provided for the purpose in the receiving ward, and the attendant will sign in the book for any such equipment when collected. [27–9–22.

Mildmay Mission Hospital.—Any cases of accident or illness, etc., within the appropriate area can be taken to this Hospital. [25–1–15—31–3–20.

Miller Hospital.—Slight cases of injury or illness in which a patient is likely to be fit to go or be taken home after treatment may be taken to the Miller Hospital at any time. [12–10–15.

†*Mile End Hospital.*—Is open for reception of patients. Cases occurring in the locality should be taken to the Infirmary direct.

†*New End Hospital.*—Accepts accident or emergency cases from neighbourhood.

†*Paddington Infirmary.*—Patients will not in ordinary circumstances be taken to this Infirmary, but cases of extreme urgency will be accepted. [9–2–23.

Richmond (late Tooting) Neurological Hospital.—Patients from the Neurological Hospital at Richmond who may be picked up by the service are to be conveyed to the nearest institution under Service Order 139. Headquarters is to be at once notified of each case, so that the Neurological Hospital may be notified by the call officer on duty of the circumstances. [5–5–22.

†*St. Andrew's Hospital.*—Accepts any variety of cases from the locality. Unless specially instructed from headquarters, the ambulance is not to leave the building until the Medical Superintendent shall have decided whether the case is suitable for admission. [28–7–20.

†*St. George-in-the-East Infirmary.*—As possibly only one surgeon may be available, cases which appear likely to require the services of two surgeons, such, for example, as cases where the giving of an anæsthetic may be necessary, should not be taken to the Infirmary.

†*St. James's Hospital, Wandsworth.*—Will accept all cases needing hospital treatment.

St. John's Hospital, Lewisham.—Is open for accident and emergency cases day and night, and no cases, except infectious diseases or mental disorders, are refused admission as long as a bed at the Hospital is available. Accident and emergency cases have precedence over all other cases. [30–3–20.

†*Southwark Hospital.* Only admits patients from the Southwark district and does not receive ordinary cases occurring in the neighbourhood.

†*Wandsworth Infirmary.*—Wherever possible all street casualties should be taken to St. James's Infirmary, Ouseley Road, but where the urgency of the case and its proximity to the Infirmary suggest the advisability of taking it to the Wandsworth Infirmary the case will be admitted.

**Weir Hospital, Grove Road, Clapham Park, S.W.*—Accepts street accident cases. Vacant beds are notified from headquarters daily. [15–7–20.

†*Westminster Union Infirmary, Fulham Road.*—Accepts cases occurring locally. [22–6–20.

Woolwich and Plumstead Cottage Hospital.—As the accommodation in the Hospital is limited, only cases of an urgent nature should be taken there, and before taking any case it should be ascertained by telephone whether the case can be accepted. [22–7–20.

Military Hospitals.—The only Military Hospitals available for serving soldiers suffering from illness or injury occurring in the streets, etc., are—

The Queen Alexandra Military Hospital, Millbank, S.W. (Officers and other ranks.)
The Royal Herbert Hospital, Woolwich. (Ditto.)
The South African Military Hospital, Richmond Park. (Other ranks).

Any serving soldier should be taken to the Military Hospital which is nearest.

General cases will not be taken to the Rochester Row Military Hospital, which is reserved for venereal cases. [29–10–15—6–8–20—9–9–21.

A. R. DYER, C.O., L.F.B.,
Officer in Charge, London Ambulance Service.

Headquarters.
13*th June*, 1923.

APPENDIX VII.

Handed in by MR. EASON.

(Question 112.)

GUY'S HOSPITAL.

DIAGNOSIS OF CASES BROUGHT TO GUY'S HOSPITAL BY AMBULANCE IN 1922 AND SENT AWAY TO THE POOR LAW INFIRMARY.

The following is a list of diagnoses only, and it is impossible after this lapse of time to give the reasons why these cases were removed to the Infirmary. It will be noticed that there are comparatively few serious accidents in the list :—

Debility.
Debility.
Cut head and bruises.
Alcoholism ? Epileptic.
Malaria.
Head injuries.
Bronchitis and pulmonary tuberculosis.
Bruised back and cuts.
Ischio-rectal abscess.
Rheumatism.
Debility.
Heart failure.
Acute rheumatism.
Epileptic fits.
Concussion.
Concussion.
Bruised head and concussed.
Syncope.
Slight concussion.
Bronchitis and debility.
Cut head and bruises.
Fractured ribs, dislocated clavicle.
Angina pectoris.
Arthritis.
Multiple bruises and cuts.
Epilepsy.
Concussion.
Shock following immersion.
Endocarditis.
Bronchitis.
Cut throat.
Coal gas poisoning.
Rectal abscess.
Bronchial pneumonia.
Bronchitis and dyspnœa.
Septic scalp.
Influenza.
Scalds.
Capillary bronchitis.
Ischio-rectal abscess.
Alveolar abscess.
Osteomyelitis.
Slight concussion and sprained ankle.
Functional fit.
Multiple cuts and bruises.
Hysterical fits.
Debility.
Influenza.
Hysterical fits.
Epilepsy.
Prolapse of uterus.
Ovarian cyst.
Pyrexia of unknown origin.
Injured back, bruised thigh.
Hæmatemesis.
Cut throat, pulmonary tuberculosis
? Insanity.
Epilepsy, cut chin.
Fractured clavicle.
Cut head and bruises.
Shock.
Fractured ulna.
Abortion.
Collapse.
Fractured neck of femur.
Hæmorrhoids.
Collapse.
Collapse.
Pregnancy.
Collapse.
Epileptic fits.
Erysipelas.
Senility.
Epilepsy.
Cut eye and bruises.
Cut head—shock.
Retention of urine.
Dislocation of right shoulder.
Debility.
Epistaxis.
Puerperal sepsis.
Concussion.
Uræmic coma.
Cut head—shock.
Cut head—shock.
Syncope.
Bruised ribs.
Epileptic fits.
Paralysis after dysentery.
Cervical adenitis.
Pneumonia.
Sprained knee.
Miscarriage.
Injured back following fall.
Immersion and shock.
Shock due to injuries.
Bronchitis.
Syncopal attack.
Acidosis.
Acute retention.
Osteomyelitis.
Bruised hips.
Acute lumbago.
Paraphimosis.
Cardiac failure.
Debility
Carbuncles.
Abscess.
Cellulitis of arm.
Cellulitis of arm.
Collapse.
Collapse.

Bronchitis.	Arthritis of shoulder.
Carc. oesophagus.	Anæmia.
Osteo-arthritis.	Concussion.
Tubercular ankle.	Fractured neck of femur.
Erysipelas.	Syncope.
Endocarditis.	Mastoid.
Carbuncle.	Bronchial pneumonia.
Enlarged prostate.	Acute bronchitis.
Inguinal adenitis.	Rheumatism.
Pneumonia.	Endocarditis.
Chorea with pregnancy.	Scalds.
Hæmatoma of forehead and eye.	Gangrene.
Slight concussion.	Arthritis.
Shock—cut head.	Shock and abdominal pain.
Concussion.	Bronchitis.
Fractured neck of femur.	Melæna.
Debility.	Abscess of groin.
Multiple cuts and bruises.	Hysterical fits.
Cut leg—shock.	Debility.
Epilepsy.	Influenza.
Syncope.	Cut head.
Debility.	Bronchial pneumonia.
Psychasthenia.	Functional fit.
G. P. I.	Septic scalp.
? Epilepsy.	Heart failure.

APPENDIX VIII.

Handed in by SUPT. A. BASSOM, *Metropolitan Police.*

(Question 393.)

ACCIDENTS IN THE STREETS.

Return showing the number of *accidents* occurring in the streets, and the method of conveyance to Hospitals, Infirmaries, etc., Year ending 31.12.22.

Number of cases removed	Means of conveyance.						
	Ambulances			Cabs, etc.	Carried by friends or police	Able to walk	Uncl.
	Motor	Horse	Hand				
15,735	8,552 (*b*)	—	522	3,308	463	2,783	107 (*a*)

(*a*) One case removed on coster's barrow ;

(*b*) City Police Ambulance used on three occasions, and number also includes six occasions on which L.C.C. Ambulance was called but not used.

ILLNESS IN THE STREETS.

Return showing the number of *illness* cases occurring in the streets, and the method of conveyance to Hospitals, Infirmaries, etc., Year ended 31.12.22.

Number of cases removed	Means of conveyance.						
	Ambulances			Cabs, etc.	Carried by friends or police	Able to walk	Uncl.
	Motor	Horse	Hand				
7,978	6,193	3	574	267	110	816	15

APPENDIX IX.

Handed in by DR. A. L. BALY, *Medical Superintendent, Lambeth Infirmary.*

(Question 433.)

LIST OF PATIENTS.

DR. BALY prefaces the list as follows:—

I append a list of those patients who, in my opinion, were caused unnecessary suffering, whose recovery may have been delayed, or whose death was accelerated by being transferred from one institution to another immediately after the accident.

Name.	Age.	Date of Admission.	Nature of injury.	Hospital.
*Baker, Jane	74	2.5.23	Fractured neck of femur	King's College.
*Bist, Richard	58	4.6.23	Fractured spine	St. Thomas's.
Jones, Edward J.	71	8.6.23	Concussion	,,
White, Jemima	78	7.5.23	Fractured femur	King's College.
Morris, Ernest	8	10.5.23	Concussion	St. Thomas's.
Leedham, Wm.	68	27.5.23	Fractured base of skull	,,
Adams, Walter	46	30.6.23	Concussion of brain	King's College.
*Brightwell, Thos.	82	26.6.23	Fractured leg	,, ,,
*Bird, Alfred Jas.	53	23.6.23	Laceration of brain	,, ,,
Buncher, Elizabeth	80	8.7.23	Concussion	,, ,,
Beecham, Michael	20	29.8.23	Concussion	Guy's.
Kells, Thomas	39	14.7.23	Fractured pelvis	King's College.
Logan. Thomas	68	4.9.23	Fractured femur	St. Thomas's.

* These patients died.

APPENDIX X.

Handed in by MR. OXLEY.

(Question 710.)

SPECIMEN OF USUAL FORM OF LETTER FROM THE MINISTRY OF HEALTH TO HOSPITALS, ON THE REMOVAL OF PATIENTS TO POOR LAW INFIRMARIES.

Local Government Board,
Whitehall, S.W.1,
15th March, 1916.

Sir,

In reply to your letter of the 23rd ultimo, I am directed by the Local Government Board to state that their experience is that the difficulties arising in the case of inmates of a Hospital who, though destitute, have to be discharged are minimised if the notice given to the Union in which the patient resided before admission is sufficiently long to enable the Guardians to verify the residence before giving a decision that the patient can be received.

When it is impossible to establish a connection between a patient whom it is desired to discharge and a particular Union, or the case is one of extreme urgency, an application (with proper notice) should be addressed to the Guardians of the Union in which the Hospital concerned is situated.

In a case of urgency the Board are of opinion that, in the interests of the patient, responsibility for the actual removal to the Infirmary should rest with the Hospital. They have no doubt, however, that the Guardians would generally be prepared to place an ambulance at the disposal of the Hospital Authorities for the purpose of the removal.

As regards destitute persons dying in a Hospital the Board can only state that the primary obligation for the burial rests upon the Hospital authorities. The Guardians have a statutory power to bury the body of any poor person which may be within their Union, but the question whether they will exercise that power in any particular case is one within their own discretion.

I am, Sir,
Your obedient Servant,
(Sgd.) H. S. W. FRANCIS.

The Secretary,
The Queen's Hospital.

APPENDIX XI.

QUESTIONNAIRE ADDRESSED TO VOLUNTARY HOSPITALS, JUNE, 1923.

Name of Hospital.....

Address.....

1. What bed accommodation (if any) is normally set apart at your Hospital for cases of accident and sudden illness occurring in streets or public places, either (*a*) in the Casualty Department, or (*b*) in the wards, or (*c*) elsewhere ?

2. Taking the year 1922 as a sample, to what extent was the bed accommodation mentioned in Question 1 (*a*) vacant, (*b*) occupied by cases of accident or sudden illness, (*c*) otherwise occupied ? (*If figures are not readily available, a general answer to this question would be useful.*)

3. What is the procedure if such cases arrive when such bed accommodation is already occupied ? (*See also Question* 4.)

4. (A) Is your Hospital ever unable, for want of bed accommodation, to admit such cases when they have arrived, and when bed accommodation is advisable for them ?

   (B) And, if so, what action is taken by you in dealing with such cases ?

   (C) And how many such cases was the Hospital unable to admit for this reason in the year 1922 ?

5. So far as the experience of your Hospital goes, are enquiries as to the existence of bed accommodation made of Hospitals, by telephone or otherwise, in advance of the arrival of cases of accident or sudden illness ?

6. What evidence is there of the extent to which cases of accident or sudden illness brought to the Hospital suffer as the result of delay in finding vacant bed accommodation ?

7. Remarks or other information as to present accommodation or procedure (e.g., area served, nearest ambulance station, etc., etc.).

8. Does the Hospital desire to express any opinion on the subject of the second part of the reference to the Ambulance Cases Disposal Committee (namely, the proposal that daily reports of vacant beds for cases of accident or sudden illness requiring admission should be supplied to the Police and Ambulance Authorities) or to suggest any alternative new procedure ?

   If so, please utilise this form for the purpose (*continuing, if necessary, on additional sheets of foolscap paper.*)

APPENDIX XII.

QUESTIONNAIRE ADDRESSED TO POOR LAW INFIRMARIES, AUGUST, 1923.

Name of Poor Law Authority.....

Name and Address of Infirmary.....

1. What is the total number of available beds for all purposes ?
2. What is the practice as regards the provision of bed accommodation at the Infirmary for cases of accident and sudden illness occurring in streets or public places, when brought to the Infirmary by ambulance, and requiring bed accommodation, viz. :
   - (A) Is any special bed accommodation normally set apart at the Infirmary for such ambulance cases ?
   - (B) If so, how many beds are thus specially set apart ?
   - (C) And to what extent are they, in practice, occupied by such cases ?
   - (D) If there are no such special beds, or if the special beds are full, is bed accommodation provided for such ambulance cases at the Infirmary and, if so, how ? (*See also Question* 3.)
3. (A) When such ambulance cases have arrived, and when bed accommodation in an institution is advisable for them, does the Infirmary ever find it necessary to send them away for want of bed accommodation ?
   - (B) Or for other reasons (*e.g., residence of patient, locality in which accident occurred, etc.*) ?
   - (C) If so, what action is taken in dealing with them ?
   - (D) And can you say how often such ambulance cases are sent away for these different reasons ?
4. (A) Are such ambulance cases requiring bed accommodation ever brought to the Infirmary after having been first taken by the ambulance to some Voluntary Hospital and not admitted there ?
   - (B) Or after having been taken to some other Poor Law Infirmary and not admitted there ?
   - (C) If so, can you give any information as to the number of times this happens, the circumstances in which it happens, etc. ?
   - (D) Does the Infirmary receive any notice, by telephone or otherwise, that such ambulance cases are being sent on by the other institution ?
5. Have you any evidence on the question whether, and if so to what extent, cases of accident or sudden illness occurring in streets or public places suffer as the result of delay in finding vacant bed accommodation.
   - (A) When brought to the Infirmary after having been first taken to another institution ?
   - (B) When sent away from the Infirmary to another institution ?
6. Remarks or other information as to present accommodation or procedure.
7. Do you desire to express any opinion on the subject of the new procedure which has been suggested to the King's Fund (namely, the proposal that daily reports of vacant beds for cases of accident or sudden illness occurring in streets or public places and requiring admission should be supplied to the Police and Ambulance Authorities) or to suggest any alternative new procedure ?

   If so, please utilise this space for the purpose.

APPENDIX XIII.

SUMMARY OF REPLIES FROM VOLUNTARY HOSPITALS TO QUESTIONNAIRE. (*See* APPENDIX XI.)

A. *Hospitals within 9 miles of Charing Cross.*

B. *Hospitals in adjacent parts of the Metropolitan Police District.*

The following Table has been compiled from the replies sent in by the undermentioned Voluntary Hospitals to the Questionnaire printed in Appendix XI. Endeavour has been made in condensing the information supplied into tabular form to epitomise the substance of replies received. The figures in the columns 3, 4 and 6 cannot be used for instituting strict comparisons, as the answers do not appear to have been furnished on a uniform basis.

A. HOSPITALS WITHIN 9 MILES OF CHARING CROSS.

(in alphabetical order in each group).

Hospital.	Total beds available.	Beds set apart for cases of accident, etc.			Cases sent away for want of vacant beds.			Evidence of injury through delay in finding vacant beds.	Opinion on proposal to notify vacant beds.
		Number (*a*=in casualty depts. *b*=in accident wards)	Approximate average vacant.	How supplemented if full.	Number in 1922.	Where sent.	Procedure.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
HOSPITALS WITH SCHOOLS—									
Charing Cross ...	238	4 *a*	1	Air raid beds.	Very rare indeed; not more than 20	Neighbouring hospitals.	Telephone.	None.	Impracticable.
Guy's...	614	57 (32 *b*)	12	—	Not often.	Patients' infirmary. Other hospital.	Notify by telephone. Enquire by telephone	Complaints extremely rare.	Doubtful whether any good: numbers vary hour by hour.
King's College ...	273	4 *a*	0	Extra beds in other wards.	48 (6 months).	Infirmary.	—	None.	Tried but not successful. Suggest telephone to hospital.
London	832	None.	—	Beds in wards. Convalescents transferred, etc.	Occasionally if not too serious	Other hospitals in the district. Infirmary.	Telephone.	—	Suggest central offices for given areas.
Middlesex	361	8 *a*	2½	Emergency wards	None in 1922	Infirmary or other institution.	Treat, then arrange.	None.	Unnecessary here and unwise.
Royal Free	240	11 (4 *a*)	—	—	12	Other hospital. Infirmary.	Telephone. Send.	Cases have been known of death after removal.	Not practical.

A. Hospitals within 9 miles of Charing Cross—*continued.*

Hospital	Total beds available.	Beds set apart for cases of accident, etc			Cases sent away for want of vacant beds.			Evidence of injury through delay in finding vacant beds.	Opinion on proposal to notify vacant beds.
		Number (*a*=in casualty depts. *b*=in accident wards)	Approximate average vacant.	How supplemented if full.	Number in 1922.	Where sent.	Procedure.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
St. Bartholomew's ...	687	10 *a*	—	Convalescents transferred.	Rarely.	Patients' infirmary. Other hospital.	Arrange. Arrange.	None.	—
St. George's	336	38 *b*	4	Convalescents transferred; extra beds; or ordinary wards.	None.	—	—	None.	Ineffective. Suggest list at each hospital and ambulance telephone to hospital.
St. Mary's	285	8 (2*a*)	0	Additional bed.	110	Patients' infirmary. Paddington infirmary. Other neighbouring hospitals.	Sent. Transferred, if unfit to travel far. Enquiries.	—	Impracticable: beds would become filled; no undertaking as to admission could be given before examination.
St. Thomas's ...	562	3 *a* 20 *b*	—	Other wards.	Some fractures. Some unsuitable.	Home. Home or infirmary.	—	—	Not practicable.
University College ...	353	3 *a*	—	Improvised for serious cases.	Frequent.	Other hospitals; failing which, infirmary.	Communicated with.	cf. col. 5.	Difficult; present practice ensures first aid. Suggest notifying ambulance station of possibility of transfer.
Westminster ...	213	6	—	Any vacant bed.	240	Neighbouring hospitals. Then infirmary.	Telephone.	Knows many cases, has details of one.	—
Other Larger General Hospitals—									
Dreadnought—									
Greenwich ...	250	None.	—	Emergency beds.	Women (occasionally).	To other hospitals.	Telephone.	Cases from time to time; one death through not telephoning.	Possible, but quickly out of date. Local ambulance service inadequate.
Docks	53								
German	138	2*	0	Convalescents transferred.	150–200	Hospital or infirmary.	Per ambulance driver.	Some evidence.	Not entirely practical.
Hampstead	128	3 *a*†	0	From private wing.	22	Other hospitals (4) or infirmary (18).	Telephone.	Of distress, but not of injury.	Number changes hourly.
London Homœopathic	162	Some.	—	—	None.	—	—	None.	—

London Temperance	120	None.	—	Convalescents transferred.	Up to 150	Hospital or infirmary.	—	None.	Not useful; better for police to ask.
Metropolitan ...	137	7	—	Other wards; cases transferred.	Up to 100	Other hospitals.	—	Generally speaking, very little.	Daily reports insufficient: query thrice daily to one authority.
Prince of Wales's, Tottenham	125§	None.	—	Other wards; convalescents transferred.	Fair number. §	Other hospitals. Infirmary.	Telephone. Send.	Minimum. No complaints.	Not much value.
Queen Mary's (W. Ham)	130	2*a*	—	Other wards.	—	Other institutions.	After immediate treatment, patient or friends advised to seek admission elsewhere with help of hospital telephone.	—	—
Royal Northern ...	200	4(2*a*) ‖	—	By transfers; by temporary beds; by use of private wards, etc.	75–80	Other hospitals. Infirmary.	Telephone. Vacancy obtained.	No serious effects.	Doubt if any use; suggest more beds set apart.
West London ...	145	None. ‡	—	Convalescents transferred.	at least 300	Hospital, or failing this, infirmary.	Enquiry of hospital.	Yes, frequent dissatisfaction.	Very little use; suggest accident wards at hospitals near danger points.
SMALLER GENERAL HOSPITALS—									
Bolingbroke ...	60	3	—	Stretcher beds (*e.g.*, compound fractures).	55	St. James infirmary (*e.g.*, simple fractures).	Per ambulance attendant.	None.	—
French	74	None.	—	—	None.	—	—	—	Can take more cases of any nationality.
H. St. John & St. Elizabeth, (no O.P.'s)	127	2 or 3	—	Extra beds.	None.	—	—	None.	Unnecessary.
Italian	50	None.	—	—	None.	—	—	—	—
Kensington, Fulham and Chelsea	19	None.	—	—	Several till police knew that no accommodation was available.	Other hospitals.	Arrange.	Sometimes delay serious.	Approve.

* Pre-war accident ward of 18 beds now closed for want of funds.
† Viz., 1 at Hampstead, 2 at out-patient dept. in Kentish Town.
§ The addition of 54 more beds will reduce the number of cases sent away.
‖ Increased to 14*a* in November, 1923.
‡ A scheme for providing accident beds has since been submitted to and passed by the King's Fund.

A. Hospitals within 9 miles of Charing Cross—*continued.*

Hospital.	Total beds available.	Beds set apart for cases of accident, etc.			Cases sent away for want of vacant beds.			Evidence of injury through delay in finding vacant beds.	Opinion on proposal to notify vacant beds.
		Number (*a*=in casualty depts. *b*=in accident wards)	Approximate average vacant.	How supplemented if full.	Number in 1922.	Where sent.	Procedure.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
King Edward Memorial, Ealing	50	None.	—	Extra bed.	2	Infirmary.	Send.	None.	Unsafe.
Mildmay Memorial ...	29	None.	—	—	2 or 3	Other hospitals.	Send.	None.	Beds might be filled.
Mildmay Mission ...	52	None.	—	Couches.	90	Other hospitals.	Telephone.	—	Very difficult: better first aid at nearest hospital.
Miller...	100	None.	—	Make room if very urgent.	200–300	Other hospitals. Infirmary.	Telephone.	None.	L.C.C. used to enquire daily but many cases did not need beds. Suggest (*a*) enquiry through fire brigade telephones, (*b*) medical man accompanying ambulance, (*c*) increased bed accommodation.
Poplar Hospital for Accidents.	103	See title of Hospital.	20 in 1922 (exceptional).	Medical beds. Convalescents transferred.	Sometimes.	Other hospitals. Infirmaries.	Telephone. Telephone.	None of deaths; very little of any patient suffering much.	Soon out of date. (Often difficulty in getting ambulance in the case of patients residing outside Metropolitan area.)
Royal, Richmond ...	66	1 per ward.	Fully used.	Second bed.	Sometimes.	Other hospitals.	Telephone.	None.	Beds might be filled.
St. John's, Lewisham	66	None.	—	Extra beds. Convalescents discharged.	Very rare.	Other hospitals.	Accommodation secured.	None.	Approve: police should telephone hospital.
Willesden General ...	65	None.	—	Temporary beds (50 for Wembley cup tie casualties).	None.	—	—	None.	Beds might be filled. Suggest telephone to hospital.

HOSPITALS FOR WOMEN—									
Chelsea	50	Not applicable.	—	—	—	—	—		—
E. G. Anderson ...	72	Very rare. 1 accident in 1922.		Cases other than women or children would be treated and sent to general hospital.					
Grosvenor	37	Not applicable	—	—	—	—	—		—
Hospital for Women, Soho.	68	Not applicable	—	—	—	—	—	—	—
Samaritan Free ...	70	Not applicable.	—	—	—	—	—	—	—
South London ...	80	None.	—	Emergency beds. (Cases very rare.)	—	—	—	—	—
COTTAGE HOSPITALS—									
Acton	35	1	—	Emergency beds.	2 (during extension).	Other hospitals.	—	One complaint.	Advisable.
Blackheath	26	None.	—	Convalescents discharged.	Occasionally. None in 1922.	Other hospitals.	Telephone.	None.	Cannot set apart beds.
East Ham (for accidents)	25	25	15.5	—	None.	—	—	—	Known always to have vacant beds.
Eltham	22	None.	—	—	Rare.	Infirmary.	—	None.	—
Finchley	41	None.	—	Emergency bed.	None.	—	—	None.	Unnecessary.
Hendon	41	1 if possible.	0	Convalescents discharged.	None.	—	—	None.	—
Hornsey	37	2	.5	Extra bed.	None.	—	—	None.	Not essential; suggest telephone to hospital.
Nelson	45	2 if possible.	—	Convalescents discharged.	None in 1922.	Other hospitals.	Arrange.	None.	—
Norwood	32	None.	—	Emergency beds.	None.	—	—	None.	Not required.
P. E. Wood Green ...	30	None.	—	—	None since extension December, 1922.	—	—	None.	—
Wimbledon	60	1	Usually.	—	None.	—	—	—	—

A. Hospitals within 9 miles of Charing Cross—*continued.*

Hospital.	Total beds available.	Beds set apart for cases of accident, etc.			Cases sent away for want of vacant beds.			Evidence of injury through delay in finding vacant beds.	Opinion on proposal to notify vacant beds.
		Number (*a*=in casualty depts. *b*=in accident wards)	Approximate average vacant.	How supplemented if full.	Number in 1922.	Where sent.	Procedure.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Children's Hospitals—									
Belgrave	50	—	—	—	Some.	Other children's hospitals.	Telephone.	No statistics.	Helpful. Suggests central Hospital clearing house.
East London ...	130	Usually 1.	—	Transfers to canvas cots.	No serious case.	—	—	None.	Beds might be filled unless reserved for police. Better report when no beds.
Hospital for Sick Children	244	None.	—	Accommodation can be made.	No.	—	—	—	—
		Surrounded by General Hospitals and only recently placed on police list.							
Paddington Green ...	46	None.	—	Spare cots for infants only.	Some older children.	Nearest hospital.	Telephone and taxi.	None.	Not applicable; large General Hospital near by.
Queen's	134	3 for illness.	0	Other wards. Convalescents discharged. Couches.	—	—	—	Not with accidents	—
South Eastern ...	60	6	3	Beds in pay ward.	None.	—	—	—	Suggest notifying when full.
Victoria	116	2	—	Accommodation found.	None in 1922.	Other hospitals (adult accident cases).	Telephone.	None.	No advantage.
Lying-In Hospitals—									
British (Woolwich) ...	42	None.	—	Extra beds.	If at beginning of labour, and more suited patient, *might* send to infirmary. Never for want of bed.		to be an infirmary	—	Not applicable.
City Maternity ...	71	2	—	Emergency beds.	None.	—	—	None.	No spare beds.
Clapham Maternity...	50	None.	—	Extra beds.	None.	—	—	None.	*Undesirable.*

East End (Mothers)	36	None.	—	(Only deals with	booked cases and	d occasional emergencies br	ought by local doctors	or midwives.)	
General (Lying-in) ...	36	None.	—	Bed in ward.	Rarely.	St. Thomas's or infirmary or home.	—	—	Useless for this hospital.
Mothers' (S.A.) ...	80	None.	—	Emergency bed.	(Only	lying-in cases.)	—	—	—
Queen Charlotte's ...	75	None.	—	Extra beds if serious.	—	—	—	—	Vacant beds all promised in advance. Very few cases occurring in streets or public places.
UNCLASSIFIED HOSPITALS—									
Royal Waterloo (Women and Children)	100	None.	—	—	Some.	Other hospitals.	Telephone till bed found.	—	Is not a general hospital.
St. Andrew's, Dollis Hill (paying patients)	45	None.	—	Hospital not inte	nded for acciden	ts, but always vacant beds.			
St. Mary's, Plaistow (Women and Children)	58	None.	—	Convalescents transferred.	Some.	Other hospitals.	Telephone.	—	Suggest beds be reserved, and paid for by Public Authority.
Walthamstow (Children's and General)	50	None.	—	Convalescents discharged.	20 (approximate).	Other hospitals.	—	—	Accommodation too limited.

B. HOSPITALS IN ADJACENT PARTS OF THE METROPOLITAN POLICE DISTRICT OUTSIDE THE 9-MILE RADIUS

(in approximate geographical order, W., N., E., S.).

MIDDLESEX AND HERTS—									
Teddington and Hampton Wick Cottage.	24	2	—	Convalescents transferred.	None.	—	—	None.	Hospital telephones ambulance.
Twickenham, St. John's	20	None.	—	—	Very seldom.	Nearest hospital (usually Richmond or Hounslow).	—	None.	—
Hounslow	47	None.	—	—	Practically never.	W. Middlesex infirmary.	—	None.	—
Hanwell Cottage ...	14	None.	—	—	One in 1922 (now enlarged).	Other hospitals.	Telephone.	—	—

B. HOSPITALS IN ADJACENT PARTS OF THE METROPOLITAN POLICE DISTRICT—*continued.*

Hospital.	Total beds available.	Beds set apart for cases of accident, etc.			Cases sent away for want of vacant beds.			Evidence of injury through delay in finding vacant beds.	Opinion on proposal to notify vacant beds
		Number (*a*=in casualty depts. *b*=in accident wards)	Approximate average vacant.	How supplemented if full.	Number in 1922.	Where sent.	Procedure		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Harrow Cottage ...	24	1	Usually vacant by transfer to ordinary ward.	Temporary bed.	None.	—	—	None.	No need : could notify if full.
Enfield War Memorial	25	None.	—	Matron contrives.	None.	—	—	—	—
Barnet, Victoria Cottage	22	1	20 cases in 1922.	General wards if room, and if case suitable.	Sometimes (but shortly enlarging).	Nearest hospital or infirmary.	—	None.	—
ESSEX—									
Woodford Jubilee ...	22	None.	—	Temporary bed.	None.	—	—	None.	—
Ilford Emergency ...	42	2	—	6 temporary beds.	None.	—	—	None.	Unnecessary.
KENT—									
Erith...	11	—	—	—	—	—	—	—	—
Bexley Cottage ...	11	None.	—	2 emergency beds.	None.	—	None.	—	—
Sidcup	13	—	—	—	—	—	—	—	—
Bromley Cottage ...	50	—	—	—	—	—	—	—	—

Bromley, Phillips' Memorial Homœopathic	18	None.	—	—	None.	—	—	—	—
Chislehurst	29	—	—	—	—	—	—	—	—
SURREY—									
Croydon General ...	106	None.	—	—	Considerable number †	Infirmary.	—	—	—
Carshalton, Beddington, and Wallington District	16	None.*	—	—	Very seldom*	Nearest hospital (Sutton or Croydon).		None.	Impossible and unnecessary here.
Sutton	37	4	—	—	None since enlargement in 1922.		—	None.	—
Kingston, Victoria ...	24	None.	—	—	None.	(Infirmary is just opposite and accidents are usually taken there.)			
Surbiton	26	—	—	Temporary bed.	None.	—	—	None.	Notify now when full; a small accident ward would be advisable.

* There will be an emergency ward in the new hospital.
† An extension of the hospital is contemplated.

APPENDIX XIV.

SUMMARY OF REPLIES FROM POOR LAW INFIRMARIES TO QUESTIONNAIRE. (*See* APPENDIX XII.)

The following table has been compiled from the replies sent in from the undermentioned Infirmaries. Endeavour has been made in condensing the information supplied into tabular form to epitomise the substance of the replies received.

A. INFIRMARIES WITHIN THE COUNTY OF LONDON.

(*In alphabetical order.*)

Union. (1)	Total beds. (2)	Special beds for accidents, etc. (3)	Accident, etc., cases sent away. For want of beds. (4)	Accident, etc., cases sent away. Owing to residence, etc. (5)	Accident, etc., cases brought from hospitals. (6)	Any evidence of suffering through delay in finding vacant bed ?* (7)	Opinion on proposal to notify vacant beds. (8)	Return made by Medical Officer (M) or Clerk (C). (9)
Bermondsey	652	None.	No.	No.	Yes, quite small number.	No.	—	M.
Bethnal Green ...	664	None.	No.	Only if fit; very rare.	Yes; occasionally, because more suitable for infirmary treatment.	No.	—	C.
Camberwell	828	Some for urgent illness. If full, other beds made available.	No.	If accident not in parish, and patient belongs to neighbouring parish, and not evidently too ill (ambulance people usually decide); not once a quarter.	Yes, very commonly; perhaps majority of the severe fractures and head injuries are passed on from King's, Guy's, and Miller.	None whatever; might be sent on a little quicker from O.P. departments.	Can always deal with own Parish cases; are sometimes troubled with trifling O.P. cases and send them to hospitals.	M.
Chelsea	420	None. Could not take many serious accidents.	No.	No.	Yes. Minor fractures, 1 a month.	No.	Unnecessary; always vacant beds.	C.
City of London ...	786	None.	No.	—	No information.	Close to London Hospital and to other Poor Law Institutions.	—	C.
Fulham	558	None.	No.	If trivial and non-resident, but very seldom. 2 or 3 a year.	Yes, 125 in 6 months from West London Hospital.	In a very few cases, but quite exceptional.	In view of specified class for which infirmaries are established, any further facilities for admission should be considered by King's Fund and Ministry of Health.	C.

* The replies summarised in col. 7 refer to cases in col. 6; as regards cases in cols. 4 or 5 (if any), all the replies are negative.

A. INFIRMARIES WITHIN THE COUNTY OF LONDON—*continued.*

Union. (1)	Total beds. (2)	Special beds for accidents, etc. (3)	Accident, etc., cases sent away. For want of beds. (4)	Accident, etc., cases sent away. Owing to residence, etc. (5)	Accident, etc., cases brought from hospitals. (6)	Any evidence of suffering through delay in finding vacant bed ? * (7)	Opinion on proposal to notify vacant beds. (8)	Return made by Medical Officer (M) or Clerk (C). (9)
Greenwich	512	None.	No.	No.	Yes, often.	Not prepared to bring forward any specific cases.	Unnecessary and might be misleading.	M.
Hackney	798	10 for urgent illness.	No.	If non-local and fit to move, and permanently incapacitated.	Yes; invariably for lack of accommodation.	No; have always received very careful and skilled attention for transport.	Do not wish to encourage diversion of cases from hospitals; no large margin of accommodation.	C.
Hammersmith ...	Still used by War Office and Ministry of Pensions.							
Hampstead	292	6	No.	If fit, and non-resident, L.C.C. transfers them.	Yes, very frequently.	Yes.	Unnecessary: Guardians bound to relieve; Voluntary Hospitals might report when full.	C.
Holborn	575	None.	No.	No.	Yes.	No.	—	C.
Islington	730	None.	No.	No.	Procedure is for accidents to be taken to hospital first.	—	Unless there is previous medical examination elsewhere, infirmary would have to establish a casualty department.	M.
Kensington	667	None.	No.	No; removed when fit.	Yes; 2 to 3 daily.	No.	Better for patient's feelings, and would save time.	M.
Lambeth	1,500	None.	No.	No. All cases treated at expense of Lambeth.	Frequently (cases now brought direct if nearest).	Yes; details given of 16.	Approve; cases to be taken direct; cost at infirmaries should be charged to London as a whole and grants from Government or L.C.C. given for additional casualty beds at Voluntary Hospitals.	C.
Lewisham	508	None.	No.	No.	Yes, sometimes.	No direct evidence, but patients must suffer.	Guardians are limited by law to necessitous persons residing or being within the area.	C.
Mile End	469	None.	No.	If not seriously ill, and belongs to neighbouring parish. 10 per annum.	Yes, frequently; 50 to 60 per annum, usually fractures in elderly people or epileptics.	—	No objection, provided taken to own parish.	C.

Paddington	594	None.	No urgent case sent away.	No. Removed after a few weeks if permanently disabled.	Yes; about 7 a week.	No.	Cannot keep fixed number vacant: Infirmary intended for destitute poor, and accommodation for others best provided at Voluntary Hospital, not Poor Law Institution as a matter of course.	C.
Poplar and Limehouse Sick Asylum District	787	None.	No.	No.	Yes, 10 in August. (Very rarely from Poor Law Institutions.)	No more than prolongation of discomfort or pain.	Could not guarantee beds.	M.
St. George's, E. ...	394	None.	No.	No.	Yes.	No.	Not by Poor Law Infirmaries, which are for the relief of the poor and not for medical attendance in cases of accident.	C.
St. Marylebone ...	744	None.	No.	(1) All Kensington cases transferred (by arrangement) if fit, after first aid. (2) Some to own doctor. Very rarely.	Yes. (From Poor Law Institutions twice in 10 years.)	Pretty often; intervals and distances too long; too much use of police hand ambulances for long distances.	Infirmaries make beds for cases brought, and rarely turn any away.	M.
St. Pancras — Highgate	545	None.	No.	No.	Yes.	No; but doubtless cases occur.	Beds might be filled; surgical staff would have to be increased; suggest notification by Voluntary Hospitals only.	M.
St. Pancras — Pancras-road	387	None.	No.	Occasionally, when neither residence nor site of accident justify admission and when fit; 3 or 4 a year.	Yes; almost daily (hospitals are near and almost all go there first).	Yes; small percentage, as cases are mostly simple fractures, which travel comfortably when splinted at hospital.	Present practice preferred, viz.: patients going first to Voluntary Hospital, because (*a*) guardians are then satisfied as to need for admission, (*b*) infirmary has no casualty or out-patient department.	C.
Shoreditch	515	None.	No.	No; disregarded.	Yes; frequently.	Cannot be stated.	—	C.
Southwark — E. Dulwich	754	None.	No.	No.	427 in 1923 (182 by L.C.C.)	No.	Unnecessary; number of persons entitled to treatment cannot be known previously.	
Southwark — Walworth	1304							
Wandsworth — St. James'	750	None.	No.	No; not brought.	Yes; not infrequent 40-80 patients in 12 months; usually for want of vacant bed for particular case.	Never known a case of material detriment.	Excellent.	C
Wandsworth — St. John's	637	None.	No.	No.	Yes; a few.	No.	—	M. & C.

* *See* note on page 93.

A. Infirmaries within the County of London—*continued.*

Union. (1)	Total beds. (2)	Special beds for accidents, etc. (3)	Accident, etc., cases sent away. For want of beds. (4)	Accident, etc., cases sent away. Owing to residence, etc. (5)	Accident, etc., cases brought from hospitals. (6)	Any evidence of suffering through delay in finding vacant bed ? (7)	Opinion on proposal to notify vacant beds. (8)	Return made by Medical Officer (M) or Clerk (C). (9)
Westminster	720	None.	No.	No.	—	Occasionally cases have died shortly after transfer.	—	M.
Whitechapel	562	None.	No.	No.	Yes, frequently. (Very rarely from other infirmaries.)	No.	A good suggestion.	M.
Woolwich	320	None.	No.	Only at patient's request.	—	No.	Would notify now if accommodation failed entirely.	M.

B. Infirmaries in adjacent parts of the Metropolitan Police District outside the County of London

(*in approximate geographical order—W., N., E., S.*).

Middlesex and Herts—								
Brentford	420	None.	No.	No.	Yes ; frequently.	Yes ; has occurred, notably with West London.	Admirable ; but Voluntary Hospitals should be used for the purpose.	C.
Willesden	430	None.	No.	No.	Yes.	No.	—	C.
Hendon	73	None.	No. Room found somehow.	No.	Most have been to Voluntary Hospital first.	Do not appear to suffer.	An advantage—but beds cannot be specially allocated, as infirmary now inadequate.	C.
Barnet...	282	None.	No.	No.	Yes ; details of 3 extra-metropolitan cases.	Must be detrimental.	No need. Accident cases ought not to become "paupers."	C.
Edmonton	900	None.	No.	No.	Yes ; frequently.	No.	—	C.

ESSEX—								
West Ham	760	None.	No.	No; adjustments made subsequently.	Yes; frequently 2 or 3 a week (no beds or not suitable, including "not favourable subjects"). (Rarely, if ever, from Poor Law institutions.)	Suffering and disability; sometimes all day seeking admission.	—	M.
Romford	400	None.	No.	No; admitted even without Relieving Officer's order.	Occasionally; now mostly brought direct.	No evidence, but cannot be best.	Suggests hospitals should be enlarged if required; also suggests common bone surgery hospital for fractures after 2 or 3 days.	M.
KENT—								
Dartford	224	None.	No.	No.	Occasionally.	—	—	C.
Bromley	290	None.	No.	No.	Yes; occasionally.	No.	Questionable whether pauper disqualification should not be removed before accident accommodation is increased.	M.
SURREY—								
Croydon	420	None.	No.	—	Yes; frequently (from other infirmaries extremely rarely).	Some deaths, but not accelerated.	—	C.
Epsom...	169	None.	No.	No.	Yes; (no record kept).	No.	—	C.
Kingston	600	None.	No.	—	Yes, about 6 a year.	No (but suffering due to lack of motor ambulances).	Not necessary for this institution; always vacancies.	M.
Richmond	203	None.	No.	No.	Occasionally; 8 to 10 per annum.	No; first treatment at hospital.	No useful purpose.	C.

* See note on page 93.
† Col. 8 added by Chairman of Guardians.