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SOME NOTES ON THE SPONSORING OF PATIENTS FOR HOSPITAL TREATMENT UNDER THE VOLUNTARY SYSTEM

by

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IN A paper entitled 'The conveyance of patients to and from hospital, 1720–1850' (*Medical History*, 1978, **22**: 397–407), passing reference was made to those benefactors who, through their donations and subscriptions, enabled the sick and injured to reach hospital for treatment, and invariably to receive it earlier than would otherwise have been the case.

The omission of further details of the activities of these charitable men and women was intentional, for transport of the patient to hospital was not one of their official duties, although there must have been many unrecorded instances where they gave assistance. Removal of their nominees following treatment (or death) was usually part of the service, but the cost involved was to be met by a third party, and is described below (pp. 451–452).

This early form of social service, which became a highly important factor of life in this country until the demise of the Voluntary System in 1948, is treated under three main headings: (1) Donors and Subscribers; (2) Letters of recommendation and the acceptance of patients; (3) Facilities granted by the hospitals in return for benefactors' payments. Tabular form has been introduced where necessary, some of the original texts, particularly those used for section (3), having contained much repetition.

1. DONORS AND SUBSCRIBERS

> One of the noblest characteristics of the eighteenth century is the great growth of organised voluntary effort for the relief and care of the sick.[1]

The financial arrangements whereby the sick were sponsored for treatment through payments made direct to hospitals and infirmaries were well established by the early eighteenth century. Doubtless the support given by, and its success at, the five then comparatively new London hospitals[2] encouraged the introduction of the arrangement elsewhere; the scheme was to become for over two hundred years the basic source of income of the majority of British hospitals. At the same time, the benefits provided by hospital treatment prevented numberless people falling into the hands of unqualified practitioners, and becoming in other ways exploited.

Sponsoring procedures varied from one hospital to another, but the aim has been to

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[1] Thomas Ryan, *The history of Queen Charlotte's Lying-in Hospital*, London, [n.p.], 1885.
[2] The Westminster, Guy's, St. George's, The London, and The Middlesex.

cover the main features, common to most institutions, and to mention only the more important differences.

The benefactors, whose sponsoring powers are discussed in section (3), were known variously as Donors, Governors, Proposers, Recommenders, Subscribers, and sometimes Trustees. Donors and Subscribers were the more precise titles, for they covered the two methods by which payments to hospitals were made. Some details must, however, be given concerning the activities of the Governors. At many hospitals those Subscribers whose contributions reached a stipulated figure became Governors automatically. This was an important step, for their new status immediately involved them actively in hospital affairs.

Occasionally, notices were issued explaining what Governorship entailed, and the following list of duties contained in a fourteen-inch square sheet, issued *c.* 1762 under the heading "Instructions to a Governor of the London Hospital, or Infirmary", is a good example of the responsibilities involved and the facilities obtained. All of the paragraphs are reproduced, except the first and last, which can properly be omitted.

> ... The Society is under the management of a President, two Vice-Presidents, a Treasurer, and all the other Governors, or Trustees; who being summoned, and met together form one Annual and four General Quarterly Courts, and other Extraordinary ones, when any particular business requires it.
>
> At the Quarterly General Courts, thirteen of the Governors are elected as a Committee, who meet every Tuesday at eleven o'clock, to transact the common and current business of the House, as well as to prepare matters to be considered at the next General Court. Every Governor who is pleased to attend in this Committee, whether elected a member of it or not, has an equal right of voting, unless in an affair in which he himself is concerned.
>
> At this Committee, and at the General Courts, you are earnestly desired to attend when your convenience will permit; whereby (we doubt not) your own good opinion of this Charity will be confirmed, and you will be the better able to testify of how great utility it is to the public; and your attendance will always be considered a very valuable addition to your bounty.
>
> A Committee of twelve Governors is appointed at the General Court in June, who examine the bills, and order the payment of them once every quarter, and at the end of the year settle the whole account of receipts and disbursements, to be laid before the Annual Court.
>
> As you are now acquainted with the nature of the office of a Governor, it is thought proper to lay before you in what manner you may use the privileges it confers, for the more effectual benefit of the poor.
>
> [A] You have a right to recommend one In-Patient at a time, and as many Out-Patients as you please. But you are desired to observe, that no woman big with child, no children under seven years of age (except in cases of compound fractures, amputations, or cutting for the stone) no persons disordered in their senses, or suspected to have Smallpox, Itch, or other infectious distempers, or who are judged to be in a consumptive, asthmatic, or dying condition, are to be admitted on any account; that no one is to be assisted with Advice or Medicines in the streets, except in extraordinary cases.
>
> [B] If the patient you recommend cannot be admitted for want of room, or is deemed an improper object, you will have a letter to acquaint you therewith; and we trust you will advise such patients as you recommend, to take care not to transgress the Rules and Orders which will be read to them, that the peace and regularity of the House may be preserved.
>
> [C] The Committee appoint, once a fortnight, two Governors to be House-Visitors, who, from time to time, make it their business to go into every ward, and examine on the spot what complaint any patient has to make, and if any is made, and well grounded, may dismiss the offenders immediately, or lay it before the next Committee; it is therefore desired that you will discountenance any private complaints from patients, and thereby prevent any unjust imputations upon this hospital.

Paragraphs [A], [B], and [C] are essential to the present purpose: [A] – because it gave the number of in-patients acceptable at any one time and announced no restriction on the number of sponsored out-patients. Also, by listing those complaints and conditions which the hospital would not admit, it enabled Governors to infer which

patients would be received. [B] – because it informed Governors of the action which would be taken by the hospital authorities if a patient arrived for treatment and was then informed that he or she could not be accepted. Mention was also made of the action the sponsoring Governor was expected to take. [C] – because, although this was in effect a hospital duty to be carried out in the interests of good relations between staff and patients, it was also the occasion for some social contact with the inmates.

Governors retained their posts only so long as their payments did not fall into serious arrears, and reminders were sent to defaulters if considered necessary, and probably if politic. Some penalties were involved: ". . . Every Governor two years in arrears to have no vote."[3]

Such long periods of grace were by some institutions considered too lenient. As early as 1770 a rule of the Radcliffe Infirmary, Oxford, read: ". . . no Subscriber's recommendation can be accepted while his subscription is in arrear." If this meant that a subscriber's benefits were stopped if payment was not made within a matter of days, it was exceptional. Three months became the usual time allowance, examples being the Worcester Infirmary and the Infirmary at Hereford. The former stated in its Rules for Subscribers that any further lapse would stop the issue of recommendations on the part of the defaulter; the Hereford Infirmary simply gave notice of the three months' period with no mention of the cancellation of powers of recommendation.

Some institutions allowed a six months' period of grace, an example being the Radcliffe Infirmary. In its annual reports for the 1850s, this period is mentioned, in contrast to the stricter rule of 1770, referred to above.

Clause VI of the Rules for Donors and Subscribers of the Northampton General Infirmary (1865) mentioned a period of one year, after which the supply of "letters" would be stopped. This was another extreme example, but at the other end of the scale from the Radcliffe Infirmary in 1770. The three months' period was generally accepted by both hospitals and recommenders.

Naturally a system of this nature, which lasted for over two hundred years, became subject to change. This was brought about for the most part by marked increases in the numbers of Donors and Subscribers through general awareness of unsatisfactory social conditions, and recognition of the fact that immense help could be obtained through the services of hospitals and infirmaries. Mention has already been made of the five great London hospitals opened between 1719 and 1745; and between 1700 and 1825 no less than 154 hospitals and dispensaries were established throughout the country,[4] "the outcome of individual initiative and of co-ordinated voluntary effort and subscription."[5]

From the early years some hospitals and infirmaries had been bestowing a form of honorary Governorship on the medical staff throughout their periods of employment. This form of official recognition was later extended to hospital chaplains. The clergy, through their congregations, were often involved in monetary gifts to hospitals. By way of appreciation, they were in most instances awarded the privileges of a benefactor in proportion to the sum collected, the sponsoring benefits relating to any

[3] St. George's Hospital Board minute, entered during the latter half of 1734.
[4] G. M. Trevelyan, *English social history*, London, Reprint Society, 1948, p. 349.
[5] Ibid.

one collection not exceeding five years.[6] The following extract from the rules of the Royal Sussex County Hospital, Brighton, gives an example of an individual being granted the sponsoring powers of a Governor as a result of a group donation:

> The following persons shall be Life-Governors of the Hospital . . ., the accredited representatives of any firm, body-corporate, society, club, or association which shall contribute money or property not less in amount or value than one hundred pounds at one time.[7]

The Royal Dental Hospital, London, operated a three-tier system of Life-Governorship. This was in existence certainly as late as 1938:

> *Life Governors*
>
> Donors of ten guineas or more in any one year, whether towards the general or any special funds of the Hospital and whether by way of endowment or otherwise.
>
> *Annual Governors*
>
> Annual Subscribers of one guinea or more so long as such subscription is paid, whether for the benefit of the general or any special funds of the Hospital.
>
> *Honorary Life Governors*
>
> Such persons as may from time to time be so appointed by the Board having regard to benefits conferred by them on the Hospital and whether out of their own resources or resources over which they may have control.[8]

A few hospitals conferred Vice-President status. For example, the Victoria Hospital for Children, Chelsea, did so for over thirty years, including the period 1880–1892. A hospital announcement stated that donors of one hundred guineas and upwards became "eligible for election as Vice-Presidents".

To conclude, two rather unusual procedures should be mentioned. The first, which was introduced by the Charing Cross Hospital in 1818, was the entitlement of a benefactor contributing one hundred guineas upwards to unlimited recommendation of patients with succession of the privilege to the eldest surviving member of the family. A contributor of fifty guineas was entitled to unlimited recommendation, but without succession. The second was announced by the Liverpool Royal Infirmary in 1813:

> That every or any person who shall give, devise, or bequeath to the Infirmary one hundred pounds in personality or bequest, by Will, or by writing in the presence of two or more witnesses, shall have liberty to appoint an Assignee who shall in like manner have a power to appoint an Assignee and so on successively for ever, to recommend one In-Patient and two Out-Patients annually and no more; and the same liberty and power shall extend to and be allowed for every hundred pounds more to be given by any one person as afore said . . .[9]

It is unnecessary to give further cover to the subject of sponsors. It must, however, be remembered that there was a great body of men and women whose donations and subscriptions did not reach Governor level. Also, in a few instances, persons providing particularly large benefactions were permitted to name wards and beds by way of official recognition.

2. LETTERS OF RECOMMENDATION AND THE ACCEPTANCE OF PATIENTS

The right to issue letters was the traditional way of enticing members of the public to subscribe.[10]

For money paid directly to hospitals, Donors and Subscribers received varying

[6] Royal Sussex County Hospital, Brighton, Statutes of 1913, p. 5; also Annual Reports.
[7] Royal Sussex County Hospital, Brighton, Annual Report for 1940, p. 77.
[8] Royal Dental Hospital, London, Report for 1938, pp. 6, 7.
[9] Public Infirmary at Liverpool, Rules and Orders (revision of 1813), section 49.
[10] Brian Abel-Smith, *The hospitals 1800–1948*, London, Heinemann, 1964, p. 36.

powers to sponsor people for treatment. This was effected by the completion of a letter of recommendation. These communications were fairly standard as regards basic information, and the following specimen letters from hospital rules and regulations show little difference over a period of almost two hundred years:

[1748] To the Governors of the Infirmary at Worcester

..... day of ..... 17.....

Gentlemen,

I desire you will admit ..... of the Parish of .... (whom I believe to be poor and a real Object of Charity) to be an ..... Patient of the Infirmary, and you will oblige.

Your Humble Servant

[1767] To the Governors of the Salisbury Infirmary

Gentlemen,

I recommend to your examination ..... of the Parish of ..... and I am satisfied that he is a real Object of Charity, and destitute of friends to procure advice and treatment, and I desire that he may be admitted as a Patient of the Salisbury Infirmary, if there are no circumstances in his case prohibited by the rules of the Society.

I am Gentlemen,
Your humble Servant

[1772] To the Governors of the Radcliffe Infirmary at Oxford

..... Day of ..... 17.....

Gentlemen,

I Desire you will admit ..... of the Parish of .... whom I believe to be poor, and a real Object of Charity, to be an ..... Patient of the Infirmary, and you will oblige.

Your humble Servant

P.S. I promise to remove ..... upon Notice given, or in case of death to be at the expense of burial.

[1940] To the Resident Medical Officer,

The Bearer ..... Age ..... is, I believe, a proper case for Hospital treatment, and is recommended by me to be made, if found suitable, a Patient of the Middlesex Hospital.

(Signed) .....
(Address) .....
.....

Date ..... 194.....

In the event of a patient being sent forward for treatment by a parish overseer or other officer, an undertaking, generally in the following form, had to be completed:

[1847] In consideration of the admission of ..... as an In-Patient of the Bristol Infirmary, ... of the Parish of ..... do hereby undertake and agree with the Treasurer of the said Infirmary to permit h..... to return to the said Parish, so that the City of Bristol, or any other of its Parishes, shall not by such admission be liable to take charge of the above-named Patient.

Dated the ..... day of ..... 18.....
(Signed) .....

The Radcliffe Infirmary letter is an example of those which contained a promise to "remove" the patient following treatment, or death. It involved the provision of a security sum which, over a long period of years, was between fifteen shillings and one pound. This payment may be regarded as a form of insurance, and was the general but

not the universal practice. It must be stressed that this payment was not the responsibility of the sponsor but of a third party, who was usually a substantial householder or some other acceptable, usually local, resident. The sum concerned was sometimes known as "caution money", and all dedicated sponsors would be acquainted with one or two persons upon whom they could call. Only two examples of hospital instruction in this matter are quoted, but as a century and a half separates them, they point to the continuance of the arrangement:

> . . . Every person applying for admittance must deliver to the physician or surgeon, if required by him, an obligation from a responsible person to remove, or, in case of death, to bury the patient when required. (The Royal Infirmary of Edinburgh Statutes of 1778, p. 75.)

The sum involved was ten shillings. The other example, from the Royal Sussex County Hospital, Brighton, in the 1920s, is taken from one of the hospital's printed in-patients' letters, where it was prominently noted as "Security":

> I do hereby promise to defray all expenses that may attend the removal, or in case of sad necessity, the burial of the above-named Patient.
> Name .....
> Address .....
> The above Security is to be signed either by the Recommender, a Parish Officer, or some other responsible person, and sent with the Patient . . . .

The opinion that removal/burial costs should be met by the relatives or friends of the patient, or failing that by the parish, was being voiced as far back as the end of the eighteenth century. Some institutions declined to accept security payments, but generally the system remained. It could, however, always be inferred from the wording of some letters of recommendation and certain instructions to recommenders that sponsors were liable for the charge in addition to their donations or subscriptions, and it is strange that such ambiguity lasted so long. The charge was also involved where the bad behaviour of patients rendered their presence undesirable to other patients and hospital staff.

Letters were not demanded for accident cases, although some institutions asked for a covering note after the patient's arrival; they were not required for fever patients, nor in cases where instant relief was necessary. Although patients who had been discharged from a hospital for disorderly behaviour or for some other proper reason were not normally accepted again, exceptions were made in case of accident or emergency.

Certain health conditions, including infectious illnesses, could delay or stop the acceptance of patients. The word "fever" did not always figure in the non-acceptance regulations of early years, although smallpox was found in most instances, e.g. The London Hospital (*c.* 1760), Radcliffe Infirmary (1770), Hereford Infirmary (1800), Worcester Infirmary (1802), Middlesex Hospital (1845). The years quoted are taken from papers researched and do not represent the commencement date of the restriction; they are examples only. Most institutions did protect themselves by including "other infectious disorders" which doubtless covered a variety of conditions.

So far as London was concerned, the need for improvement in the accommodation and treatment of fever patients became apparent following the severe outbreak of 1800–1801, the London House of Recovery, provided by the Institution for the Cure

and Prevention of Contagious Fever, being opened in February 1802.[11] Hitherto, some general hospitals had accepted such patients, accommodating them among persons suffering other complaints; workhouses had been treating their own inmates.

The following examples of non-acceptable conditions (*c.* 1800) show similarities to those listed by the London Hospital in 1762 (see p. 448):

HEREFORD GENERAL HOSPITAL (1800)	WORCESTER GENERAL INFIRMARY (1802)
Women big with child.	Women big with child.
Children under seven years of age except in extraordinary cases such as Fractures, Stone, or where Couching, Trepanning, or Amputation is necessary.	Children under seven years of age except in such cases where the greater operations are to be performed.
Persons suspected to have the Small Pox, Itch, or other infectious distemper.	Persons suspected to have the Small Pox or any infectious disorder.
Persons having Habitual Ulcers not admitting of operation.	—
Epilepsy.	—
Consumptive.	Consumptive.
Dropsies in their last stages.	—
Persons judged incurable.	Persons judged incurable.
Persons disordered in their senses.	Persons disordered in their senses.
Venereal patients ... unless at the particular desire of the Physicians or Surgeons.	Venereal patients.
Persons not clean or free from vermin.	—
Persons in a dying condition.	Persons in a dying condition.

Finally, a quotation from the last decades of the Voluntary System:

MIDDLESEX HOSPITAL (1930–1940)

Cases not admitted into the Hospital

1. Those who are, upon examination, deemed Incurable, as advanced Consumption.
2. Those whose complaints are deemed likely to be so tedious of cure as to preclude for a long time the admission of more urgent cases of disease, as chronic ulcers of the legs.
3. Those who have disorders, to the cure of which other establishments are appropriated, as persons of unsound mind etc.
4. Those who, wanting food and not medicine, are proper objects for parochial relief.
5. Those whose admission might endanger the other Patients, as persons suffering from infectious diseases.
6. Those whose complaints are likely to be aggravated rather than relieved by confinement within the walls of a Hospital. Such of these as are suitable cases may receive advice and medicine as Out-Patients.

[11] M. Dorothy George, *London life in the eighteenth century*, Harmondsworth, Middx., Penguin Books, 1966, p. 64.

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Sponsors were directed to study the regulations covering their duties, particularly the restrictions on the acceptance of patients, for disappointment, inconvenience, and sometimes hardship could befall persons refused admittance, especially following long and uneasy travel. In order to reduce such occurrences, hospital authorities, where long distances were involved, directed that sponsors in the first place should ascertain whether the patient could be accepted, usually on a particular day. Instituted in the early years, this procedure became the long-established practice. In all cases, one clear week's notice was the minimum time allowed before the arrival of an in-patient "as clean as may be" and with a change of linen. ". . . no patient [to] be admitted who is not clean and free from vermin, and who does not bring at the time of admission two shirts or shifts, with other necessary change."[12]

The point was reached where, after seeking out or being introduced to a sponsor, the patient had satisfied this benefactor that he or she was a proper case for admission. Then, provided with a short note from the sponsor as to the apparent reason for treatment, the letter of recommendation with its associated "promise to remove", and, in the case of an obvious in-patient, with spare linen and other necessities, the sponsored person was sent on his or her way with the comforting knowledge that care had been taken of everything, even that of "sad necessity".

If the condition of the arriving in-patients allowed, and their normal places of abode were reasonably near to the hospital, efforts were made to treat them as out-patients so that the greatest possible number of beds were at the disposal of the more seriously ill or injured.

Occasionally, a patient in every way proper for acceptance could experience further delay, as when two arrived simultaneously and, due to some emergency, accommodation was available for only one of them. In such circumstances acceptance was based on "preference", the following points being considered: (1) urgency of treatment; (2) distance travelled by the patients; (3) the amount of their sponsors' donations and subscriptions; (4) whether the sponsors had recommended other patients within a year of their payments being made.

In cases of this nature special action was taken in the interests of the person not then accepted:

> . . . they who are proper objects and shall be excluded at any time for want of room shall be forthwith entered in the books as In-Patients, and be afterwards received into the House by the Matron, without order, on the first vacancies which shall happen.[13]
>
> . . . The House Surgeon shall enter into a book the name of every Patient not admitted for want of room; and that on any ensuing admission day if the case shall require admission, it be preferred to all others, except such as the Physician or Surgeon of the week may think more urgent.[14]

In ordinary cases where a patient could not be accepted, the sponsor received a letter, usually of the "fill in" type, e.g.:

> According to the rules of this Hospital I beg leave to acquaint you that .....
> recommended by you for an [In- or Out-] Patient appears improper to be admitted as such because
> .....
> Secretary[15]

[12] Hereford General Infirmary, Subscribers' Rules, 1800.
[13] Ibid.
[14] Bristol Infirmary, Subscribers' Rules, 1847.
[15] Worcester General Infirmary, Notes on the admission and discharge of patients, 1748.

An instance where a woman in an advanced state of pregnancy was afforded only post-natal assistance, the cause of the delay in the patient's arrival not being stated, cites what was doubtless a common occurrence:

> The Matron reported that Ann Mason, who had an order for admission to the Brownlow Street Lying-In Hospital, was brought into this hospital on Friday morning last 3.0 cl. by a waterman who stated that he found her delivered under the Bishop's Wall. It was therefore ordered that she be continued in the Hospital till she be in a proper state to be removed.[16]

There was a further, and happier, reference to Ann Mason: ". . . she, with boy, have been discharged."[17]

3. FACILITIES GRANTED BY THE HOSPITALS IN RETURN FOR BENEFACTORS' PAYMENTS

> Annual subscriptions form the basic income of the institution.[18]

The sums donated or subscribed provided a financial umbrella for the treatment, nursing, and general care of in-patients, and any medical or minor surgical treatment of out-patients, either on a single occasion or during several visits. This is, however, but a general statement, for the period in hospital of in-patients could for obvious reasons greatly vary. Normally the system allowed for a stay of six to eight weeks according to the hospital regulations, but some exceptions were made:

> No patient to continue longer than two months in the Hospital except patients in the Cancer Ward.[19]
> Out-Patients at the end of three months, to have their Letters of Recommendation renewed.[20]

Although basic benefits were provided by most institutions, there were again variations, as will be seen from the following three examples from the mid-eighteenth century:

(a) Rule No. 5 contained in the "Statutes, Rules, and Orders for the government of the Northampton County Hospital", dated 1743, gave the following information concerning sponsors' rights of recommendation:

> That no subscriber of less than one guinea per annum shall recommend an In-Patient; that for every guinea which each contributor shall subscribe, he shall have a right to recommend one In-Patient within every year; but no subscriber whatever shall recommend more than five In-Patients in the year; and that no benefactor [i.e. donor] of less than twenty pounds given at one time can recommend an In-Patient, but such a benefactor shall have the same privileges as a subscriber of two guineas; and a benefactor of fifty pounds the same as a subscriber of five.

(b) Rule 32 contained in "Rules and Orders of the Public Infirmary at Manchester", dated 1752, read:

> A subscriber of one guinea shall have a right to recommend one Out-patient at a time and a subscriber of two guineas one In-Patient or two Out-patients at a time, and for every larger sum subscribed, in the same proportion; a benefactor who has at one time given to the Infirmary the sum of ten guineas shall have an equal right with an annual subscriber of one guinea, and so in the like proportion for greater benefactions.[21]

[16] The General Lying-in Hospital, Lambeth, Board minute, 15 October 1779.
[17] Ibid., 29 October 1779.
[18] F. F. Waddy, *A history of the Northampton General Hospital, 1743 to 1948*, Northampton, Guildhall Press for the Northampton and District Management Committee, 1974, p. 103.
[19] The Middlesex Hospital, Notice to Governors, *c.* 1845.
[20] Ibid.
[21] Information kindly supplied by the Archivist, Manchester Infirmary, from original documents.

(c) There is, however, some variation shown in the following extract from the Auditor's Report of Salisbury Infirmary for 1766/1767:

> For every guinea subscribed and every 25L given in benefaction, the subscriber or benefactor shall have the right of recommending one patient in every year, not only from the parish or town where such subcriber or benefactor has any dwelling or property, but from any other town or parish, clergyman or some resident or proprietor has subscribed at least a guinea.
>
> Every subscriber of two guineas or more per annum and every subscriber of 50L given at the time shall be allowed to recommend two or more persons in the same manner and proportion.
>
> . . . None except contributors of five guineas and who have no property in the County of Wilts, or the adjoining counties, shall recommend without limitation of place, of any of the aforesaid restrictions, nor shall any subscriber of less than five guineas have more than one patient in the Infirmary at one time nor shall ever a subscriber of five guineas or upwards have more than two patients in the Infirmary at one time. Out-patients may still be recommended by the subscriber without limitation of place or number subject however to the discretion of the Committee who will determine accordingly to the number of patients then on the list.[22]

There is a common denominator to all three examples, viz. one guinea being the lowest acceptable subscription, although the status of the patient differed. Again, specimen (a) mentioned benefits available from donations of fifty pounds; specimen (b) contained simply benefits in proportion to sums paid. Specimen (c), which also mentioned £50 donations, and property owners, is at variance in the matter of "Out-patients . . . without limitation".

Taking Hereford General Infirmary as an example from the nineteenth century, the annual report for 1800 contains the following information:

> Every Subscriber, for each guinea per annum subscribed by him, shall have a right to recommend one In-Patient and one Out-patient within every year, provided that the In-patients recommended by such Subscriber do not exceed five in one year; that no Benefactor of less that 20L at one time shall recommend any patient; that a Benefactor of 20L given at one time, shall have the privilege of a Subscriber of two guineas per annum, and a Benefactor of 50L the privilege of a Subscriber of five guineas per annum and no Subscriber whatever shall have more than one In-patient at a time.

The benefits allowed by the Worcester Infirmary, as set out in the Subscribers' Rules dated 1802–1803, read simply:

> . . . Every Subscriber of one guinea per annum, and Benefactors of five guineas, have a right of recommending one In-patient and one Out-patient every year, and more in proportion for a larger sum given or subscribed . . .
>
> No contributor is to have more than one In-patient in the house at a time; but our laws are so charitably constituted as not to exclude patients from any county or place whatever.

Most of the remaining examples are set out in tabular form.

Table I (p. 457) mentions recommendations without limit. The proper interpretation is that Donors and Subscribers of large sums could send as many patients as they wished, provided one was released before the next was admitted. In addition, they would have to ascertain that there was room at the institution concerned, according to the established practice. The classification of pregnant women as out-patients was to some extent a term of convenience as, treated in their homes, they were properly "out-of-the-hospital" patients.

Examples of later nineteenth-century proportional arrangements are given in Table 2 and Table 3 (pp. 457–458).

[22] Information kindly supplied by the Archivist, Salisbury Infirmary, from original documents.

TABLE 1: Middlesex Hospital (1845)

Donation	Annual Subscription	Recommendations	
		In-patients (sick and lame)	Out-patients
—	2 guineas	1	3
30 guineas	3 guineas	3	6 Two of whom may be pregnant women attended at their own habitations.
£50	5 guineas	5	As many as the Subscriber pleases in the year, three of whom may be pregnant women attended at their own habitations.
£100	10 guineas	As many as the Subscriber pleases.	As many as the Subscriber pleases.
No Subscriber to have more than one in-patient on the books at the same time except in the case of having a patient in the Cancer Ward.			

TABLE 2: Northampton General Infirmary (1853–1866)

Donation	Annual Subscription	Recommendations	
		In-patients	Out-patients
—	1 guinea	—	3
15 guineas	1½ guineas	1	2
		or	
		—	4
30 guineas	3 guineas	2	4
		or	
		—	8
and thereafter in proportion. Under the Rules of 1866, a subscription of three guineas paid by the gentleman holding the office of Mayor of Northampton allowed him to sponsor 2 in-patients and 6 out-patients.			

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A variation in both accepted sums and recommendation benefits is shown below, but the proportional system still holds.

TABLE 3: Bedford Infirmary (1876)

Donation	Annual Subscription	Recommendations	
		In-patients	Out-patients
10 guineas	1 guinea	—	3
20 guineas	2 guineas	1	4
		or	
		2	—
		or	
		—	8
and thereafter in proportion			

Arrangements at the Bedford Infirmary in respect of fever patients were also shown in its annual report (1876), from which the following quotation was taken; it is now set out as an example from a special purpose hospital:

Fever Hospital

Every Governor, Benefactor, and Subscriber to the Infirmary can send poor patients to the Hospital without using his letters of recommendation on guaranteeing a payment of 5*s*. a week during the Patient's stay in Hospital.

Patients in a better position in life shall be admitted into the Hospital at a charge to be left to the discretion of the Weekly Committee of not less than 7*s*. 6*d*. nor more than two guineas.

Non-Subscribers to the Infirmary can send poor Patients to the Hospital upon giving a sufficient guarantee for the payment of 7*s*. 6*d*. a week.

The Bedford Fever Hospital was erected in 1848 on a site near the Infirmary, but quite separate from it. At this time it had accommodation for fifty patients. By 1895 the name had been changed to the Borough Infectious Diseases Hospital. Between 1849 and 1876 the number of in-patients per annum varied, between twenty-one in 1875 and 130 in 1853; other peak years were: 1856, 105 in-patients; 1858, 105 in-patients; 1868, 119 in-patients; 1870, 125 in-patients.

The annual reports of St. George's Hospital, London, during the decade prior to the outbreak of war in 1939 gave the following information regarding Donors and Subscribers:

Every annual Subscriber of 5 guineas or upwards, and every Benefactor giving £50 or upwards in not more than two sums becomes a Governor and is allowed to recommend In-patients provided he has only one such patient in the Hospital at the same time.

Every annual Subscriber of less than 5 guineas is allowed to recommend one In-patient in the course of every year for each complete guinea subscribed, providing he has only one such patient in the Hospital at the same time.

Every Benefactor giving £30 or £20 in one sum is allowed to recommend three or two In-patients respectively in each year of the Donor's life providing he has only one such patient in the Hospital at the same time.

Again there is in the first paragraph mention of something in the nature of no limit on persons to be recommended, but still controlled by the "one in-patient at a time" stipulation.

The following example of a general nature brings the subject well into the last few years of the Voluntary System:

TABLE 4: Royal Sussex County Hospital, Brighton (1940)

Donations	Annual Subscriptions	Recommendations	
		In-patients	Out-patients
—	½ guinea	—	2
—	1 guinea	—	4
£25	2 guineas	1	4
£30	3 guineas	1	8
£40	4 guineas	2	8
£50	5 guineas	3	8
£100	10 guineas	6	16
£150	15 guineas	9	24
£200 and upwards	20 guineas and upwards	12	32

By the middle years of the eighteenth century a basic pattern had appeared and from this there gradually stemmed increased benefits for the sick, made available by improved national and private finances. At the same time, general interest in the care of the sick and injured poor added to the strength of a system which was comparatively simple to operate. In effect, it continued until the last years of the Voluntary System.

There were instances of tolerated facility exchanges, such as the following example from a special hospital:

TABLE 5: Royal Dental Hospital, London (1938)

Life Governors	Donations or annual subscriptions	Authorized number of patients
10 guineas and upwards	—	One in-patient and two out-patients
—	1 to 9 guineas	One in-patient and two out-patients for every guinea subscribed.
One in-patient letter may be exchanged for two out-patient letters.		

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These arrangements were also in force at some general hospitals for the convenience of Recommenders, and enabled one to assist another in the interests of the persons they sponsored. Two examples are: Derbyshire Royal Infirmary (1900) – one in-patient letter could be exchanged for three for out-patients; Royal Sussex County Hospital, Brighton (1933) – one in-patient letter had the value of four for out-patients, and vice versa.

It is said that London's Royal Free Hospital (1828) was established as a form of protest against the system of Governors' letters,[23] and that a few hospital authorities did not happily accept liberal use of Recommenders' privileges.

In conclusion some mention should be made of the state of the Voluntary System in its final years. During and immediately after the first world war, hospitals, like most institutions in the country, were working under abnormal financial and other strains, but the innate strength of the system, aided by the nation's evident desire for its preservation, endowed it with a new lease of life. With finances largely restored through the development of organized voluntary contributions on a nationwide and regular basis from the wage-earning public, care and treatment, originally intended only for the destitute, continued on its beneficial way, but for a period of only twenty years.

Following the outbreak of war in 1939, some hospitals were brought under the control of the Ministry of Health Emergency Scheme, and the Voluntary System encountered many difficulties. These, combined with new political ideas, particularly where social services were concerned, conspired to seal the fate of the system, which ceased to exist with the implementation of the National Health Act of 1948.

We must, however, remind ourselves that this was neither a censure on, nor a failure of, the system which was then at the peak of its efficiency; and it was this same Voluntary System which was carried forward to provide the solid foundation upon which the new state service was to be erected.

SUMMARY

The subject reviewed is associated with 'The conveyance of patients to and from hospital' (*Medical History*, 1978, **22**: 397–407), although the period covered by the present paper has been extended to the end of the Voluntary System in 1948.

For convenience the subject has been arranged in three sections: (1) Donors and Subscribers; (2) Letters of recommendation and the acceptance of patients; (3) Facilities granted by the hospitals in return for benefactors' payments. The general system of operation has been followed throughout, although some mention has been made of the more important of the few deviations or special arrangements.

[23] Abel-Smith, op. cit., note 10 above, p. 36 n. 1.