

Correspondence.

PRIVATE WARDS IN PUBLIC HOSPITALS A CAUSE OF HOSPITAL ABUSE.

To the Editors of THE MONTREAL MEDICAL JOURNAL.

SIRS,

The contention of the writer of the editorial in your January number, that the existence of private wards in public hospitals is a fruitful source, (in fact the inference is that it is *the most fruitful source*), of hospital abuse is the most extraordinary and illogical argument that I have yet seen advanced in discussions upon this subject. It is all the more surprising, when the fact is borne in mind, that five of the six editors, (who are responsible for this article), are physicians and surgeons in active practice, with large hospital experience, and who are daily treating patients in the private wards of the Montreal General and Royal Victoria Hospitals.

At the present time three classes of patients are treated in the hospitals above mentioned, (1) The *bona fide* poor, who are the class for whom hospitals are primarily maintained, and who are treated free of all, or any, charge. (2) A large class, mainly from outlying districts, who pay fifty cents per day, for hospital service, including medical and surgical treatment, drugs, stimulants and everything which they receive while in hospital, and (3) Private ward patients, who pay \$2.00 to \$2.50 per day for hospital service alone, and pay for their medical and surgical treatment besides. Now, surely, when one considers that the first class, are those who cannot pay their way and are therefore *bona fide* and admittedly objects of charity; and that the patients of the third class do fully pay their way in every respect, while the patients of the second class pay only fifty cents per day, for what costs the hospital, in round figures, about \$1.25 per day, and pay nothing at all for professional services, it is not difficult to see where lies the most likely source of abuse. Moreover, these patients are admitted without any systematic or thorough investigation into their financial positions, and practically on their own statements or those of a physician, clergyman or philanthropist, that "they are too poor to pay for a private ward"—an expression of opinion be it observed, and not a statement of fact. Their ideas on this point are naturally very lax and, they fondly believe, or pretend to believe, that in paying fifty cents per day, they are paying their way and scorn the imputation that they are charity patients. This abuse is now of so long standing, and may I say, so respectable, that philanthropists,