THE COMMUNITY HOSPITAL

WHEN, in the first half of the nineteenth century, the term 'general practitioner' came into common use, the distinction between consultants and general practitioners was not based on the hospital, but on the class of their patients and the size of their fees. The consultant was essentially a practitioner among the rich who might hold an honorary appointment at a voluntary hospital; but he was not, as now, a hospital doctor by definition.[1,2,3] As the consultants came more and more to be associated with hospital care there was, nevertheless, one type of hospital that has always been undisputed general-practitioner territory—the cottage hospital.

Albert Napper founded the first in Cranleigh in 1858, and it is often not realised that he had a clear concept of what he meant by a cottage hospital; a concept that was both original and eminently sensible. He meant literally a cottage, with an optimum of only six beds, "differing from the patients' own home only in cleanliness, warmth, proper hygiene and absence of overcrowding".[2] The reason was clear. They were to serve rural areas where transport of the sick to a distant infirmary was difficult or impossible, and the infirmaries were feared as dangerous places to be ill in—as indeed they were. Many other cottage hospitals were opened in the next few years, but gradually the original concept was forgotten and the term came to include any small hospital that was staffed by general practitioners.

When the National Health Service was founded there was, therefore, an anomalous minority of hospitals about which little was known and which were largely a law unto themselves. In the eyes of many administrators and consultants the cottage hospitals were inefficient and sometimes dangerous anachronisms which were unnecessary as there was no place in hospital care for general practitioners. The belief was held (in spite of its lack of logic) that any patient needing hospital in-patient care must be in need of specialist care. Some cottage hospitals were closed down, but a majority has survived because their attempted closure often created strong political opposition.

Nevertheless the 1962 Hospital Plan for England and Wales[4] was based on centralisation in large new district general hospitals and closure of many smaller hospitals. In discussions held from 1965 onwards, the staff of the Oxford Regional Hospital Board found the 1962 Hospital Plan unsuitable for the Oxford Region and looked for an alternative plan.

Out of these discussions came the concept of the community hospital. The term was first used in 1968, and it should be emphasised that the community hospital is a new concept and not simply a new name for cottage hospitals. In its ideal form it consists of "a health centre for general practitioners, local authority staff, consultant clinics and certain diagnostic services, day treatment facilities and in-patient accommodation".[5] As such, it is essentially "an extension of primary care rather than, as previously suggested, a peripheralisation of secondary services".[5]

The community hospital is the first new concept for general-practitioner hospitals since Napper's in 1858. Potentially, it is a concept of great importance in the organisation of medical care in the National Health Service, but it has needed the encouragement of

an official blessing. This has now been provided by a memorandum published by the Department of Health and Social Security entitled *Community Hospitals: their role and development in the National Health Service.*[6] Issued mainly for the guidance of Regional and Area Health Authorities it is " issued in a form aimed to secure a wider readership ", which presumably means that it is easier to read and understand than most of the Department of Health and Social Security circulars in the past two years. The concept of the Community Hospital, as it was developed by the Oxford Regional Hospital Board, forms the basis of the memorandum.

It has, of course, been published at a particularly unfortunate time financially, but it deserves a wide readership. It should be possible in the future to look back at its publication as an important milestone in the development of medical care.

REFERENCES

1. McKeown, T. (1971). In *Medical History and Medicel Care.* London: Nuffield Provincial Hospitals Trust.
2. Abel-Smith, B. (1964). *The Hospitals 1800–1948.* London: Heinemann.
3. Rivington, W. (1879). *The Medical Profession.* Dublin.
4. National Health Service (1962). *A Hospital Plan for England and Wales.* London: H.M.S.O.
5. Rue, Rosemary (1972). *The Concept of the Community Hospital.* Oxford: Oxford Regional Hospital Board.
6. Department of Health and Social Security (1974). *Community Hospitals: their role and development in the National Health Service.* London: D.H.S.S.

A NEW REFERENCE LIST FROM GENERAL PRACTICE

PUBLISHED work reflects the attention which a sphere of research receives. The story is usually consistent. New knowledge in a particular field attracts research workers who at once feel the need for a medium through which they can exchange observations and ideas. The first papers appear in the major journals whose editors span the whole range of medical progress and which can accommodate only a limited amount of material from each specialty.

Then the specialist journals are born, some of them devoted to quite limited fields, often the house journals of some society or association of members who share a common research interest. There are almost as many specialised journals as there are specialties, some old and some new, some with large circulations, others with small. They do not, of course, have the monopoly of published work in their field for there will always be new facets of wider interest which are placed with the ' general ' journals.

Has this happened to general practice? Yes, in mighty measure. The publications of the pioneers, from Mackenzie to Pickles were in the general interest journals and with the foundation of the College these began to feel the pressure of new work. The *Journal of the College of General Practitioners* came into being with others hard on its heels. The controlled circulation journal was introduced and the publication explosion in general practice gathered momentum. Monthlies were followed by weeklies, partly concerned with politics and medical news; these also drew strength from published research work.

We can form some idea of the extent of this now world-wide phenomenon from the bibliographies produced from time to time by Miss Hammond, the College Librarian. These bibliographies now cover a definite period, and include not only research by general practitioners themselves but also work done in general practice by others. Every issue is larger than the last, the current list requiring two volumes, for the third edition, covering