

Annotations.**THE RICHMOND ASYLUM.**

THE gravity of the charges made by Dr. Norman, the Medical Superintendent of the Richmond Asylum, against some of the nurses, can scarcely be over-estimated, and we are glad to see that they have been promptly dealt with by the Governors. Dr. Norman reported that he had discovered a female patient with several injuries and bruises. The two nurses in the ward had not reported the matter, and they had given him explanations which were wholly insufficient and contradictory. He was of opinion that neither of these nurses was fit to be entrusted with the care of the insane, whom he called upon the Governors, most respectfully, but earnestly, to support him to protect. One nurse stated that another nurse had told her she had beaten the patient in question, but she subsequently denied this statement. Dr. Norman also reported that a suicidal female patient had escaped from the nurse who was responsible for her, and was found in one of the presses in the dormitory at the top of the house, the nurse being entirely ignorant of her absence, although she was well aware of the acutely suicidal tendencies of the patient. He thought, and we fancy most people will agree with him, that the services of this nurse should be dispensed with. The two nurses concerned in the assault upon the patient were dismissed, and it was decided that the other five nurses in the ward should be called upon to resign unless they could prove they knew nothing of the matter.

This seems somewhat an extreme measure, but grave diseases demand stern remedies. For one case of ill-treatment which comes before a medical officer there are probably many which do not come under his observation, and perhaps there is no class of patients who are more at the mercy of their attendants, and whose interests therefore demand more safeguarding, than the inmates of asylums.

REMOVED BY SEALED ORDER.

WE are glad to observe that the Local Government Board has asserted its authority and refused to recognise a resolution forwarded to it by the Banbridge Board of Guardians. The facts of the case are briefly that the medical officer reported that the night nurse in the Infirmary was unfit for her duties; the Guardians, notwithstanding this statement, refused to ask the nurse to resign, and forwarded a resolution to this effect to the Local Government Board. They received a reply from the Local Government Board that "having regard to the fact that the medical officer reported the nurse unfit for her duties, they would be reluctantly compelled to take the

matter into their own hands, and remove her by sealed order." We congratulate the medical officer upon the support he has received in his efforts to deliver the sick under his care from inefficient attendance. We hope that the action of the Local Government Board in this matter will be laid to heart by Boards of Guardians, and that they will grasp the fact that the superintendent of nurses and the medical officer are the only persons who can possibly judge of the capacity or incapacity of their subordinates for their work, and that therefore if they pronounce a nurse "unfit for her duties," their judgment should be upheld.

HOSPITAL ABUSE.

THE question of abuse of hospital relief by those who are in a position to pay for medical treatment, is one which is largely engaging the attention of those responsible for the financial condition of our public hospitals. With the utmost circumspection, and the greatest economy compatible with efficiency, the treasurers of most of these institutions spend many anxious moments in striving to attain an apparently unattainable goal—that of making ends meet. That hospitals are, for the most part, supported by the voluntary contributions of philanthropic persons for the purpose of affording gratuitous medical aid to those who otherwise would not be in a position to obtain it, and that it is outside their province to afford this aid to the well-to-do, is a fact which we should have thought was obvious, had evidence to the contrary not been from time to time forced upon us. We are led to make these remarks from having had brought before our notice the condition of the finances of the Newcastle Eye Infirmary. The reliable income of this institution, which charges its patients only a nominal fee, is less than two-thirds of its expenditure, and its financial position is therefore a very serious one; at the same time it was recently publicly stated by a medical man that all classes of society came to the hospital, and paid small fees to escape paying full ones. He instanced the case of a man who attended the hospital for six weeks, and then because he thought he was not making satisfactory progress, proposed to bring down a London specialist, at a fee of 150 guineas; and another case of a young man who was asked to give up his purse to the matron, and it was found to contain £25. Apparently, it is difficult for that section of the British public who can afford to pay for medical attendance to realise that they have no right to obtain it for nothing; and that every well-to-do person who occupies a bed in a hospital is defrauding a poor man of a benefit to which he is better entitled.

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