

The special commission appointed by Baron Vrevski, Governor-General of Russian Turkestan, reports that there are one hundred and sixty-eight persons afflicted with leprosy in that province, and in Bokhara four hundred and thirteen. This number is much lower than the reports of recent travellers would lead one to suppose, and appears to indicate that the disease is dying out. The Russian Red Cross Society has decided to erect an isolated central lazaretto for leprosy persons in the neighbourhood of Tashkent.

Mr. W. Kennard Rose—Reuter's war correspondent in the late Græco-Turkish War, and the hero of numberless campaigns—gave an extremely interesting lecture at St. George's Hall, on Sunday, on "Greece, the Greeks, and the Græco-Turkish War." Mr. Rose, it will be remembered, "scored" very distinctly in his description of the flight of the Greeks from Larissa, and in graphic terms he described this dreadful retreat. But before that, in order to justify his title, he gave a brief historical sketch of modern Greece, the people, and their characteristics.

We had the pleasure of meeting Mr. Rose in Athens, on the night of his historical and furious drive—"after Domokos," changing horses but once, at Thebes—to the capital, and hearing his own graphic description of the last battle of the war. A truly typical war correspondent is Mr. Rose, who has been present, and reported the tactics, at seventeen important battles, and whose fiery energy and pluck are tempered by a delightful strain of north-country romance. From each battlefield Mr. Rose has taken trophies, and amongst them "a flower of the field," which has been carefully pressed and preserved in his note-book, and later transferred to an album, in which each flower is entered under the date of the day of victory and defeat—for it is ever both—with a description which is not intended for the eye of the multitude.

It has been decided to fully and thoroughly reconstruct Glasgow Royal Infirmary from designs prepared by James Thompson, C.I. The subscription list has reached the sum of £74,000, and Sir John Muir has offered an additional £5000 provided other four friends of the infirmary will each give the same.

An interesting ceremony recently took place at the Southport New Infirmary, when Lady Pilkington relaid the stone of the children's ward, which twelve years ago she laid in the old Infirmary, Virginia Street. The stone, which bore the following inscription:—"Children's Ward. This memorial stone was laid by the Mayoress, Mrs. George Pilkington, May 30th, 1885"—is supported on two Ionic columns or pilasters, and crowned with a new stone with moulded head bearing the following inscription:—"And was re-set by Lady Pilkington as a connecting link between the old and new Infirmary, December 1st, 1897."

Hospital Reform.

HOSPITAL reform is in the air, and, as usual, those members of the public who have the courage of their opinions must run the gauntlet of misrepresentations and personal abuse; and we imagine that Mr. C. S. Loch, Secretary of the Charity Organization Society, has become somewhat pachydermatous in the last few years to the egotistical criticism and bombastic tone of patronage admitted in the *Times* over the signature of

"Henry C. Burdett," to which Mr. Loch lately replied: "Of Sir Henry Burdett's reply, I have only two words to say. He excuses his, as I think, indefensible letter, on the ground that my "persistent advocacy of the proposal of a central hospital board in the form promulgated by the Charity Organization Society was creating a false impression as to the efficiency of the voluntary hospitals in the public mind." The excuse is quite irrelevant. As a matter of fact, I did not in my letter advocate a board in the form promulgated by the Charity Organization Society. On the contrary, I took for granted that the central hospital association or council might be the new organization from which developments might come.

"To avoid misunderstanding, I should, perhaps, touch on another point. The Charity Organization Society, Sir Henry Burdett argues, should desist from advocating the scheme which it suggested, because to do so would affect its funds prejudicially. I need not detail his argument, which is quite unreal and fanciful. But is it not altogether beside the mark to appeal to such motives? The society could not expect to organize charity—indeed, would have no moral right to attempt the task—if it were swayed by such considerations."

Mr. C. S. Loch then makes the following statesman-like suggestions for out-patient reform:—

"1. A central hospital board. This proposal is now generally accepted. The general hospitals with schools have formed a Central Hospital Council. It is contended that, if this is to be an impartial body, progressive and not obstructive, the representation upon it of other medical charities and of the general practitioners is a *sine qua non*.

"2. Whether the Hospital Sunday Fund and the Prince of Wales's Fund be hereafter combined or not, or whatever be their relation to a central hospital board or council, it is essential that neither directly nor indirectly should support from any central fund be given to large and disproportionate casualty and out-patient departments. Whether the recent resolution of the Hospital Sunday Fund carries with it this conclusion remains to be seen. But unless it does little or nothing will be gained.

"3. In regard to casualty and out-patient departments some plan should be adopted that will satisfy the fair demands of the medical staffs of hospitals and yet be just to general practitioners. The conditions of such a plan appear to be—(a) a large reduction in the number of cases, especially casualty cases; (b) the systematic use of hospitals for consultative purposes in close co-operation with general practitioners; (c) the retention of cases that specially need hospital treatment: that are required for purposes of education or science; (d) inquiry and discrimination, both for the prevention of abuse and for the sufficient treatment of individual cases in accordance with the principles of charity; (e) the reference of cases of destitution to the Poor Law.

"4. The pay system should not be introduced into any casualty or out-patient department. The exaction of payments will tend to stereotype these departments in their worst features, and the injustice now done to general practitioners will be aggravated. The working classes will the more readily resort to hospitals when, by the imposition of a small fee, colour is given to the fallacy that they have a right to medical relief. Already such relief is too frequently claimed as a right."

With Clause 4 we feel sure all practical hospital workers will be in warm agreement.

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