

The International Congress of Nurses.

HOSPITAL ADMINISTRATION.

BY MISS ISLA STEWART,

*Matron and Superintendent of Nursing,
St. Bartholomew's Hospital.*

Madam Chairman, Ladies,—

The broad lines of administration are much the same in a large majority of the Hospitals of Great Britain and Ireland, which are either endowed, or partially or wholly supported by voluntary contribution. Many Hospitals have as their highest representative, or figure head, a Patron or President, who in quite a large number of cases is a Royal personage, and they are by no means merely ornamental, as their patronage implies not only a personal contribution to the funds, but very material assistance in attracting the gifts of the public, who feel a certain guarantee of efficiency and probity is given by the use of the name being allowed. Nor is this a misplaced belief, as every care is taken in the way of inquiries and inspection, to prevent the name of any of the immediate Royal family being used in connection with any institution the general management of which is open to question. The subscribers elect the Governors from among themselves. These form a court which meets annually, half-yearly, or quarterly. They appoint a sub-committee; frequently known as the House Committee, which meets monthly or fortnightly, and in nearly all the large Hospitals there is also a weekly board, empowered to deal with any minor matters that may arise. The ex-officio Chairman of every Board and Committee is the Treasurer, elected by the Governors, in some Hospitals for life and in others annually. There are also three or more Trustees who are members, ex-officio, of the Committees. In a few Hospitals there are women on the Governing Board, but this is still rare, though not so much so as it was a few years ago. I may instance the Royal Infirmary in Edinburgh as the most important Hospital where this is the case, at this institution two women have been elected to serve on the Committees. The Royal Infirmary in Glasgow has followed its example, but they have not only placed two women on their Committee, but also two working men. In many cases, indeed in almost all provincial Hospitals and in Scotland and Ireland, the Medical Staff are represented on the Board by two or more members. When this is not the case the Medical Staff form themselves into an Advisory Committee, of their whole number, and are consulted by the lay governing bodies on all matters which affect their

interest, or the well-being of the patients. These are the unpaid administrators, in whose hands rests the enormous responsibility of obtaining money for the Institution, nursing its resources, and assuring themselves that the funds are carefully, wisely, and honestly spent, and that the paid officials are capable, efficient, and upright.

In many of the London, Edinburgh, and large provincial Hospitals, the chief resident authority is a Superintendent, who may belong to the medical or legal professions or may be an army man or civilian of tried business capacity. He may be styled the Clerk, House Governor, or Superintendent. His duties are numberless, and comprise the decision of questions chiefly administrative which may involve considerable interest, or be very unimportant. He prepares the business for the different committees and reports to them the various matters which arise between the meetings of the Board. The powers and responsibility of this official are very great, and are but rarely abused. Under him are the heads of the various departments: the Matron, head of the nurses and domestic department; the Steward, head of the department which includes payment of wages and bills, catering, recording the admission and discharge of patients, and the control of the male attendants and porters; the Clerk of the Works, who has charge of the actual structure of the building, and who has under him the carpenters and plumbers. In general each official reports personally, in writing, to the weekly and fortnightly Board, but this is not always the case, and in so important a Hospital as the Western Infirmary in Glasgow, where there are 420 beds, the matron is responsible only to the Superintendent, and never sees the Committee. This of course, diminishes her authority and prestige considerably. So large a number of officers are only required in the large Hospitals; with a decrease in the size of the institution, the number of these officials tends to diminish, the Clerk of the Board (usually non-resident) and the Matron dividing the work of the Steward and Clerk of the Works, and in a large number of the smaller London and provincial hospitals the Matron is the only permanent resident authority; though she is frequently, even in her own immediate department, under the control of the Medical resident.

There is a very large number of important Infirmarys originally under the Poor Law Board, the powers of which were transferred to the Local Government Board by Act of Parliament in 1871. These are entirely supported by rates. Each parish when populous, or group of parishes, when they are smaller, or more scantily populated, supports its own Institution, which in the latter case is known as a Union Infirmary? In England and Ireland, Guardians, and in Scotland, County

[previous page](#)

[next page](#)