

Councillors, who may be either men or women, are elected by the ratepayers, and hold office for three years. They deal with a great many matters affecting the well-being of the parish, and amongst them govern the Workhouse and Hospitals. They attend a fortnightly Board which deals with all the matters which would be brought before the Governors of the Voluntary Hospitals. They are not, however, the supreme authority; that is vested in the Local Government Board. All matters of any importance, such as the appointment of officials, must be ratified by it, and it may or may not assent. To illustrate the extent of the authority held by the Local Government Board, I may mention that neither the Guardians nor the Metropolitan Asylums Board (which governs the Hospitals for infectious diseases) can expend £100 without its consent; and no structural alteration can be made costing £500 or upward without referring the matter to it.

The Medical Superintendent is in all cases the highest resident authority, and is directly responsible to the Local Government Board as well as to his Board of Guardians. The Matron and Steward act under his authority, and although he may allow them a fairly free hand he can call them to account when he considers it necessary. The Matron and Steward report personally to the Board, but their written report frequently goes through the Medical Superintendent, who in some institutions is present when it is read, and when they see the committee. The Matron is nominally the head of the nursing staff, but as each nurse can appeal, on any matter, to the Medical Superintendent, her authority depends largely on him. These Hospitals are periodically inspected by Inspectors, employed by the Local Government Board, and who directly report to that Board.

The Hospitals for infectious diseases are also under the Poor Law, and are supported by the rates. In London they are directly governed by the Metropolitan Asylums Board, which is composed of representatives from the various Boards of Guardians, but one-third of the whole number of members are nominated by the Local Government Board. The growth of the work of the Asylums Board and the increase in the number of their institutions have, during the last two years, led to a modification of administration, whereby three central committees, viz.: one for the Fever Hospitals, one for the Asylums, and one for the Children's Homes have been appointed, with powers to appoint sub-committees to visit the several institutions. This has brought about greater uniformity in details of management, but the powers of the sub-committees have been greatly modified, as they are unable to make regulations upon any matter which may be regarded as common to several institutions. Each Hospital has a

sub-committee appointed to it which meets at the Hospital fortnightly and reports to a Central Committee, which in turn reports to the General Board, but, as in the case of the Guardians, all important matters, such as those relating to finance, the purchase of land for building purposes, and the appointment of the superior officers must be ratified by the Local Government Board, who may prescribe regulations for the government of their institutions. These are also inspected by a Local Government Board official. In the Asylums Board Hospitals also, the Medical Superintendent is the supreme resident authority. The Matron and Steward being subject to his control* he can curtail their authority and regulate the internal administration of the Hospital so far as it is compatible with the carrying out of the Board's rules. They report to the sub-committee on certain matters in their department, but in many cases the Medical Superintendent sees their report, and is always present when they interview the sub-committee in order that his advice may be obtained upon any question that may arise.

This condition of affairs is inevitable under the Local Government Board, which holds one officer legally responsible for the good management of the whole institution. A wise autocracy may constitute the best form of institutional government, and as in the case of the Medical Superintendents of the Asylums Board a large majority are wisely chosen after much experience as Assistant Medical Officers. The system works well and with marvellously little friction. The chief fault lies in a certain lack of minute discipline, which is not so apparent now as it was in the past, and which may have been largely due to the fact that the Matrons were untrained or partially-trained women, and often with little or no education, and who were given only partial control over the nursing staff, *i.e.*, when they are off duty. Now that both the Guardians and the Metropolitan Asylums Board are appointing women of education, all of whom are fully trained nurses, the friction between the Medical Superintendent and the Matron is disappearing, which condition results in much more efficient management and better discipline, though even now the discipline is not quite so perfect, (strict?) as in the General Hospitals. The control over the nurse is nothing like so absolute. She signs no contract on entering, and has no training certificate to look forward to. The administration of Hospitals and Infirmarys supported out of the rates must always be much more difficult than that of the Voluntary Hospitals. They are not charitable institutions, and the inmates feel strongly their right to be there, and never for a moment forget that they have that right. In the Infirmarys, the infirm patients are resident for a

* This is limited by the Local Government Board orders.

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