

very long time, months indeed may lengthen into years, and they know exactly how far they may go with impunity, and in the past there is no doubt they have reason to complain, but this raises a class of difficulties unknown in General Hospitals. The object in the Fever Hospitals is to make residence therein as attractive as possible to the inmates, with the view to encourage the efficient working of the Public Health Act. The Hospitals for infectious diseases have their own class of difficulties to deal with, arising sometimes from the fact that patients who have had a slight illness must remain until all fear of infection has gone, which is often long after they are to all appearances quite well. With children this is of little consequence, and women bear the constrained residence fairly well, but with men it often gives rise to a certain amount of discontent. These little troubles, trivial it may be individually, make it necessary that they should be dealt with by some one who has an adequate authority, and who knows that if strained it will go beyond the weekly board.

The Medical Staff in the large Hospitals in London, Edinburgh, Dublin, and in the important provincial towns consist of a consulting, a visiting, and a resident staff. The consulting physicians and surgeons are mainly those who having reached a prescribed limit of age have retired from the visiting staff, their duties being merely nominal. The senior visiting staff are the physicians and surgeons who pay periodical visits to the hospitals and have a certain number of beds allotted to their care. They visit on certain days at regular times in London, usually three or four days a week at 1.30 o'clock. In some of the provincial hospitals they make their visits in the morning. They are liable to be sent for at any hour during the night or day, should a case be admitted or any emergency arise too critical for the Resident Staff to deal with. The Junior Visiting Staff see the out-patients, and have one or two days a week allotted to each of them. There is a still more Junior Staff who see the casualties every morning, and there are the heads of the various departments, Gynæcological, Ophthalmic, Aural, Throat, Dental, Orthopædic, and Electric. There are two more Registrars, who superintend the recording of cases by the Students and a Senior and Junior Anæsthetist. The Resident Medical Staff consists of a House Physician and Surgeon to each of the Visiting Staff, and to the heads of the Gynæcological and Ophthalmic departments. The Junior Visiting Staff and the heads of the other departments have also understudies, but they are usually non-resident. All these Medical and Surgical Officers in the large Hospitals deal exclusively with matters affecting the patients' health. In some Hospitals, notably St. Thomas's, there are a

Principal Medical and Surgical Officer, who hold their appointments for three years, and who have authority over the more junior Medical Staff. In others, as in Guy's Hospital, the Medical Superintendent is the responsible officer during the absence of the Visiting Staff, and the House Staff is under his control, but in the majority of Hospitals the House Staff is responsible for the patients during the absence of the Visiting Staff. In the smaller provincial Hospitals the responsibility of the management of the Institution is often given to the Senior Resident Medical Officer, who is usually quite a young man, holding office for two or three years, or even less. The Infirmarys and Hospitals under the Poor Law have no Visiting Staff attached, but the Medical Superintendent has under him Resident Assistant Medical Officers according to the number of beds. In the Infirmarys this is smaller than in the Hospitals for infectious diseases, as the cases are much less acute. In Lambeth Infirmary with 622 beds there are three Assistant Medical Officers. In Birmingham Poor Law Infirmary with 1,540 beds there are four Assistant Medical Officers. In the South-Western Fever Hospital with 360 beds there are three Assistant Medical Officers. This condition of things works very well in the large hospitals, where each official has work and responsibilities enough in his or her own department to fully occupy their time and mind. But the relations are strained in the smaller Hospitals where there is not so much to do, and the authority is frequently placed in the hands of the Senior Medical Resident Physician, who is usually a young man holding and magnifying his first authority.

Perhaps the most remarkable change in the administration of Hospitals of late years has been the enormous increase in the number of nurses and in the expense of the nursing department, which in some Hospitals seems to have reached an excessive point, and points to the necessity for some competent authority to define the requirements of Hospitals in this matter, having regard to the size of the institution and the chronic and acute nature of the cases received. The staff of the various large Hospitals vary in proportion to their patients to an almost incredible amount. In the London Hospital, where there are 776 beds with an average of 659 occupied the whole staff, including the Matron and her Assistants, is 313, which is one nurse to about $2\frac{1}{2}$ patients on the whole number of beds, and just over one nurse to two patients on the number of beds occupied. In King's College Hospital where there are 221 beds with an average of 168 occupied there is a nursing staff of 69, which brings the proportion of nurses to patients to very much the same as the London Hospital. In St.

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