

In conclusion, Mrs. Treacy offers "the most sincere thanks of the Association to the Irish Members of Parliament who have generously responded to their appeals for help. Many times at considerable trouble and inconvenience they have rendered able assistance, for which the Association will always remain their grateful debtors."

THE ELECTION OF OFFICERS.

At the conclusion of the address of the outgoing President, the officers for the ensuing year were elected. Miss Ramsden, Matron of the Rotunda Hospital, is the new President; and Miss Lamont, Superintendent of the Queen Victoria Jubilee Institute in Ireland, Vice-President. We congratulate these ladies on their appointments to these honourable positions, and the Association on securing the services of such able officers.

A CORDIAL VOTE OF THANKS.

A most cordial vote of thanks was accorded to Mrs. Kildare Treacy for her work during her term of office as President. Never was vote of thanks more thoroughly merited, for she has demonstrated not only what a President's conception of the duties of her office should be, but also what she can actually achieve when she throws herself heartily into the work.

Immature Infants.

Dr. T. N. Kelynack, Physician to the Infants' Hospital, Vincent Square, S.W., gave an extremely interesting lecture on the above subject at the Hospital on Tuesday last, in connection with the course he is now delivering on infant weaklings. He limited the term "immature infants" to those which though born at full term are manifestly imperfect in their development and lacking in vitality. In order to demonstrate the nature of the subject, Dr. Kelynack described some of the most striking features in the wonderful evolution of the human infant, and showed that a clear understanding of the fundamental features of development was the best guide to a rational study of the infant, and to a proper knowledge of the best means for protecting and directing the growth of the new life. He emphasised the exceeding importance of the neo-natal period, the critical time of adaptation and adjustment, the transition from a dependent to an independent extra-uterine existence, and showed how in the case of the immature infant care during neo-natal days is all important.

The Moral of Ruchill.

BY A HOSPITAL ADMINISTRATOR.

To all who are interested in hospital administration, the occurrences at Ruchill Fever Hospital present a lesson. It is a root principle of organisation that two individuals shall not be responsible for the same thing, that authority shall not be divided, and so frittered away. And, after inefficiency on the part of workers, the commonest cause of trouble in hospitals is a faulty application of this principle. Indeed, it may be said that inefficiency itself is largely dependent on the same cause, since it is fostered by conditions which make it difficult to saddle individuals with the results of bad work.

So comprehensive is this rule of organisation that practically every incident investigated at Ruchill was bound up with it.

1. In the Report of the Commissioners it is said that overcrowding was the main cause of the troubles which arose. That being so, it is needful to ask how such overcrowding became possible. And the answer is that two officials were concerned in the admission of cases—the medical officer of health and the physician-superintendent. Thus, at the very root, there was divided responsibility. In dealing with this point, two facts have to be borne in mind. In the first place, no fever hospital should have more cases in it than the number for which it was designed. No distinction can here be made between children and adults, for the suggestion that children require less space than adults is against clinical experience. Adult cases give very little trouble in fever hospitals as regards septic and other complications, whereas children have to be widely separated, and to some extent nursed separately in the same ward if such complications are to be avoided. Secondly, it by no means follows that the accommodation provided will be wholly available at any given time, because in the prevention of cross-infection a varying number of beds ought to remain empty. In fact, variations in the usable accommodation is a daily incident of fever practice. The deciding factor is the welfare of the patients already in hospital, and no one with a practical outlook will suggest that the details required for a sound estimate are familiarly known to the medical officer of health. If one individual is to be responsible for the admissions, that individual is the physician-superintendent, for he alone knows not merely the number of cases in the various wards, but their nature and distribution. The question of responsibility will probably crop

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