

At the Annual Meeting of the Governors of the Blackburn and East Lancashire Infirmary mention was made of the fact that the new Victoria Wing, which is being erected as the Blackburn memorial of the Diamond Jubilee of the late Queen is almost completed. The expenditure on the General Fund amounts to £6,371 5s. 5d., and after transferring the sum of £1,250 to the Building Fund, £681 18s. 11½d. is left as the balance with which to commence the year 1901. This is satisfactory in these hard times.

The Hertford Hospital founded in Paris in 1871, by the late Sir Richard Wallace, in memory of the Marquis of Hertford and which was handed over to the British Government by his widow, has been re-opened after extensive alterations. The repairs have been carried out on a large scale and at considerable expense. A large portion of the funds was generously provided by Sir John Murray Scott. The internal sanitary, heating, and ventilating arrangements have been completely reorganised by Messrs. Doulton, and the electric light has been introduced. The whole of the hospital is now thoroughly up-to-date in every particular. The Hon. Alan Herbert, M.D., and Dr. Paul Berger have retired from active work, but continue as honorary physician and surgeon respectively. The committee have been fortunate in securing the services of Dr. Paul Poirier as surgeon, and the Rev. George Washington continues as chaplain. The remaining members of the staff are as follows:—Physicians—Dr. Faure Miller, Dr. Daniel E. Anderson and Dr. Leonard Robinson; house surgeon, Dr. Arthur E. Clarke, late house physician of Guy's Hospital, London; ophthalmic surgeon, Dr. George J. Bull; dentist, Mr. Edward Neech; dispenser, Dr. W. Douglass Hogg; secretary, Mr. Reginald Gesling; matron, Miss Neech, with a staff of six nurses. The number of beds will in future be 40, half for males and half for females.

The State Legislature of Massachusetts has passed a Bill making the practice of "Christian Science" a penal offence.

The minutes of evidence taken before the Royal Commission on the care and treatment of the sick and wounded in South Africa and an appendix to these minutes are now issued as Blue Books, Cd. 454 and Cd. 455. The first, which is a bulky volume of 565 pages, contains a great mass of evidence taken by the Commission in London and in South Africa. The appendix, made up of 368 pages, gives those letters of Mr. Burdett-Coutts to *The Times* to which he specially referred in his evidence, his speech in the House of Commons, and many miscellaneous documents bearing on the question.

The *Journal of Tropical Medicine* says:—"The state of mind in which most of the medical officers of the Royal Army Medical Corps, who have served in South Africa, describe the feeling in the corps generally is one of broken-heartedness. We can only view such a state of things as a national calamity, and one which will have baneful effects in the immediate future." One of the causes seems to have been that the medical departments had an impossible task to perform. "They were asked to accommodate and treat hundreds of sick and wounded when provision was only made for tens." This is the old story. In all the departments in the field it has been the same.

### The Central Poor Law Conference.

The Annual Central Poor Law Conference was held on Tuesday and Wednesday last at the Guildhall, when many progressive Guardians were present, and the discussions which followed the papers read were keen and animated. Of special interest was a paper on "The Proper Use of Poor Law Infirmaries," by Mr. Henry J. Manton, ex-chairman of the Birmingham Board of Guardians, who raised the important question, "Should sickness or disease be treated, on behalf of the public, as a matter distinct from mere poverty and destitution?" This is the chief point of divergence between differing Boards of Guardians on the economic use of infirmaries and the nature of their relations to existing workhouses. Incidentally the question of the State control of all hospitals was raised. Starting from the point upon which all are in agreement, that destitution entitles to assistance in a Poor Law Infirmary, Mr. Manton discussed the definition of this term. It is not, he contended, poverty *per se*. "It is want, a state in which something is wanted that is not possessed, and of which circumstances prevent the provision." The underlying theory of the poor-law, as set out by Queen Elizabeth, is that this want of a particular something is to be relieved "lest the safety of society be imperilled by the sturdy vagabond." This theory, sound now as then, carries us on further to-day than in the sixteenth century. It involves consideration for the welfare of the community. Now, the presence of diseased members in a community is prejudicial to its welfare, and so we are told it has come to be recognised that the term "destitute" has become applicable to one who has lost health and is destitute of the means to recover it. Further a sick person, without the necessary means to recovery speedily becomes destitute, and eligible for admission to Poor Law Infirmaries according to a restricted use of the term, meanwhile his malady has probably reached an incurable stage and he becomes a permanent charge upon the rates, while relief afforded earlier might have enabled him to become self-supporting speedily. As it is the primary object of Poor Law administration to lessen pauperism this consideration must have due weight. Further an infectious case is removed to hospital at the public expense, one mentally unsound is taken to an asylum in the same way. Why should a third case, removed to the Poor Law Infirmary, be considered a pauper? "Is it likely," Mr. Manton asks, "that the industrial classes will discriminate or perceive any distinction?" But if our Poor Law Infirmaries are to become practically State Hospitals, more classification is necessary if their improper use is to be avoided. For instance, in the Birmingham Infirmary Mr. Manton reports that the staff of trained nurses is occupied to too great an extent in the care of cases unsuitable for treatment, in an institution of high class and expensive equipment, and which can only render its best services to the community when used for curative purposes. He believes that in the larger Infirmaries the training of nurses is as good and reliable as in a voluntary hospital, and thinks that it should be the object of Rural Unions to secure the services of these nurses under conditions which shall give full scope for the efficient discharge of duties within their sphere of action. The difficulty of obtaining a sufficient supply of suitable and competent nurses for the infirmary wards of Rural Unions is extreme. The position is isolated, and often very unenviable.

[previous page](#)

[next page](#)