

The amount given or subscribed to become a governor varies, but the outcome is the same—the formation of a large body with voting powers—meeting about once or twice in a year, to appoint committees and vote extraordinary sums or changes in the by-laws of the institution. They elect the management, financial, and executive committees for the year, the president, chairman, and so forth, and these practically carry on the business of the hospital, appointing the executive officers and being generally responsible to the governors for the efficiency and economy of the place. It is here that both the strength and weakness of hospital government lies: whilst, on the one hand, the management of the hospital is kept in touch with public opinion, on the other hand the proper government of the hospital is apt to be disturbed by well meaning people who have no knowledge of the real needs or requirements of hospital wards; it also lays them open to the influence of popular or strong executive officers. The honorary medical staff have representatives on the various committees, the manner of their representation varying slightly in different hospitals.

The executive administration in my hospital which contains 130 beds, I am following in this sketch—falls into three departments, and I note that it is in the proper balance of power between these three departments, the proper apportioning of their various responsibilities, that the efficiency and good order of the hospital largely depends.

They are the Secretarial, the Medical, and the Nursing and Domestic.

The secretary has charge, under the finance committee, of the financial affairs of the hospital, the collecting of subscriptions, the hospital banking business, the balance-sheets, etc. He attends to all correspondence that is not directly concerned with medical, nursing, or domestic matters, and, in my case, overlooks the Engineer and the engines, and the general repairs of the building, etc. He acts, in emergencies, for the committee in their absence; he is a non-resident officer; and, when a suitable man, a very valuable aid and counsellor. I am personally, very fortunate in my secretary.

The principal medical resident officer is the Senior House Surgeon, who, working under the honorary medical staff, acts for them in their absence, and is in medical and surgical charge of the patients. But as he is, beside, the resident medical officer for the committee, he holds, and rightly, a very important post with regard to the patients. He is, generally speaking, responsible for the admission and discharge of the patients and for their treatment, in the absence of the honorary staff, but he is not an administrative

officer as regards the nursing and domestic staff; they do not fall under his jurisdiction except in so far as he gives his orders for the patients to the Sisters in charge of the various wards. One of the greatest difficulties in a county hospital is the securing of suitable men for the post of House Surgeon. It is essential that they should be thoroughly good professional men, and men of common sense who work their way into their post, without offending against all of its conservative instincts. For they come, of course, from various medical schools, each with its own fad; the Guy's man, the Bart's man, the London and the King's, all think their own school perfection, and are often a trifle scornful of their predecessors' methods. But the main point is that they should not be slack, but keen men for their work, and perhaps, from a Matron's point of view, that they should not be too susceptible to the charms of attractive sisters and probationers. The Matron's department includes the nursing and domestic staff, the food, the laundry, and the general management. She either selects the various sisters, or recommends candidates to the Board, engages probationers and servants, and superintends their work for which she is responsible. She gives the orders to the assistant matron, and to the cook, and supervises more or less directly the food supplied to the patients. She stations the sisters and probationers in their wards, arranges the work, the holidays, etc.

But it really is not necessary to enter to the present company into the details of her work, except to emphasize the fact that it is a combination of superintendent of nursing with that of matron.

I will, however, add, that it is essential if she is to carry it out efficiently, that she should herself, as in my case, be directly responsible for it to the committee, and not to any other official. Perhaps there is one other point I should mention as being of importance, and that is that the nursing and domestic head should be the same.

Good nursing depends so much on good domestic management, and is so intimately connected with it, that the two should certainly be under the same control.

The nursing staff is divided into sisters at the heads of wards, a night superintendent, probationers, who train for three years; and are stationed on night or day duty. Their average daily time on duty when meal time and off duty time is deducted, is a little more than ten hours. I see no reason, in a county hospital, why that time should be lessened.

Ward maids are attached to the wards to do the roughest of the work; but there still remains a fair though not undue amount of ward cleaning to be done by

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