

do disapprove it are the young men who are too lazy to work in it and too incompetent to make their living at medicine. The physicians, I find, are the first to encourage the attendance, and dislike the inquiry regarding the social status of their patients. They are interesting cases, possibly, and they like large clinics. The cure of the dispensary abuse necessarily must originate with the physicians and be carried out with their co-operation. It cannot be done without it.

The suggestions I would make are the entire abolition of State aid for all charities except those for the care of the insane, the feeble-minded, the blind, the epileptic, and such as are properly wards of the State, and the establishment of a city hospital entirely free from political influence and well founded in every particular. A sufficient number of hospitals would continue to exist where they really are needed. The working-men should be encouraged to support these hospitals, either by individual contribution or by means of clubs or benefit societies. Large firms, whose employees run special risks and who often make severe calls upon the hospitals in their immediate neighbourhood might also endow beds. This applies especially to paint firms, where the use of lead often is the cause of tedious cases of lead colic; china factories, where the glazing material used on china is so deadly to the man who uses it; foundries, and a dozen other trades or businesses.

The administration of a hospital should not be in the hands of physicians. With few exceptions, physicians are by nature and training unfitted for such duties. In the present state of medical politics, the overcrowding of the medical profession, and that curious juggernaut, medical etiquette, it is perfectly impossible for any but a man who has arrived at the very top of the ladder and has no rivals, to act with absolute or even comparative independence, in medical elections or any matters of medical discipline. He can do this to a certain extent only in his own medical societies and certainly cannot do so where such action must immediately become known to the laity. It is not worth his while, and it does not pay him, and this he will tell you frankly. On the other hand, he can secure all that he needs or even thinks he needs in the way of justice or supplies, or anything else from a jury of thirteen to twenty-four men of public spirit and business ability.

The question of a hospital superintendent is a serious one. He or she must depend absolutely upon his or her own judgment. The hospital superintendent represents the hospital not only to the patients and their friends, but to the tradespeople, building contractors, the city government in the matter of boards of health and coroner's offices; and, in short, in all the varying phases in

which this varied business touches the public weal, and must be prepared at any moment to give what might be called expert testimony or advice to the board of management on matters of discipline affecting the medical staff or faculty, residents or employees in which a judgment which is narrow-minded, petty, or errs in any particular may in future deliberate examination be considered a mistaken judgment.

DISCUSSION.

Several ladies took part in the discussion on the papers on Hospital Administration, and Miss Sophia Palmer, the editor of the *American Journal of Nursing*, said that speaking from her own personal experience as a hospital superintendent, which extended over a period of fourteen years, including four different institutions, that she did not hesitate to say that the administration was honest and the patients well cared for. She included her training school in Boston, a small hospital where she acted as superintendent in the south-western part of Massachusetts, the Garfield Hospital in Washington, where the administration was very much influenced by politics—and one at the neighbouring city of Rochester—in the hospital of the latter city the system of book-keeping was very complete—it had been very carefully worked out by exceedingly able and careful business men, so that a report might be called for at any moment of every detail of the affairs of the hospital, and could be forthcoming in five minutes, as to the cost of heating, lighting, and domestic expenses in every direction.

Speaking on the question of women superintendents of hospitals, Miss Palmer said, "I think the difficulty most superintendents have to contend with at the present time in our hospitals arises from the different position accorded by the public to men and women. The public is not accustomed to give to women the same privileges they naturally accord to men. They expect a man to have his family with him and to lead a social life. They look upon him as a citizen. A woman who is only a trained nurse they expect to live a celibate life and be on duty night and day. She must herself attend to every item of domestic detail from the highest duty to the lowest. She must see every patient in the hospital personally, and all their friends as well. If there is a fire the woman superintendent must be there to turn on the fire-alarm. The male superintendent closes his door after office hours, and if the building is burnt down he may not be easy to find. Although I have been a hospital superintendent I should like to say that I have been happy in the position and in harmony with the people with whom I have had to work.

Miss Mary E. P. Davis endorsed Miss Banfield's criticisms, having had similar difficulties and experiences—she also spoke in praise of the management of the Boston Hospital.

Mrs. Dita H. Kinney, Superintendent Army Nurse Corps, gave some amusing experiences of hospital management in the West. In the Eastern Hospitals things were well organized, but in the West everyone has opinions of their own, and they are allowed to express them freely and attempt to live up to them. "Once," she said, "I had the pleasure, or rather the difficulty, of working under a man whose whole previous existence had been spent in dyeing and clipping feathers—after

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