

the benevolent for hospital maintenance are likely in future to be diverted from individual hospitals, and to find their way into the coffers of the King's Fund. Apart from the desire of many people to assist a fund in which His Majesty takes so keen an interest, they feel a certain security in contributing to a central fund, whose grants are only disbursed after inquiry into the efficiency of each institution by personal inspection by visitors appointed by the Council of the Fund.

But if this is the case—and we pointed out on the formation of the Fund that this centralisation of capital, and therefore of control, was inevitable—then it behoves the Council of the Fund to see that the management is representative of all the interests involved, that the element of popular representation is introduced, and that the visitors of the hospitals inspected include experts in the various branches reported on.

For instance, the nursing and domestic departments of our hospitals are factors upon which their efficiency or inefficiency largely depends. Yet no expert domestic manager or trained nurse has a seat upon the Council of the King's Hospital Fund for London, or is appointed as a visitor to the hospitals in connection with the Fund.

It by no means follows that gentlemen who are experts in finance, or who are distinguished in the profession of medicine, are *ipso facto* able to judge of the efficiency of domestic arrangements, or that they know the best methods of nursing the sick. Indeed, it is reasonable to assume that if they had not devoted the greater part of their lives to the work of their own professions they would not have risen to the eminence which distinguishes them in their several vocations. It is surely reasonable to ask that the inspection of the nursing and domestic departments should be entrusted to experts in these branches.

We are entirely in agreement with Mr. Hope that in the future as many of the sick as possible who are now treated in hospitals in the centre of London should be accommodated in institutions on the outskirts, where greater space and purer air are available.

The work of the Metropolitan Asylums Board proves that by system and organisation the removal of many cases of serious illness can be accomplished with safety, and it is unquestionable that the aim of hospital authorities should be to have small hospitals and receiving stations for accidents and acute cases in the centre of London, which should pass on these cases as soon as practicable, and thus feed convalescent *hospitals*, a totally different thing from convalescent *homes*, on the outskirts. To these suburban hospitals all the operation cases sent up from the country for treatment by London surgeons could be admitted directly.

We do not follow a suggestion of Mr. Hope's

that motor cars coming up from the country might bring supplies of milk and vegetables and take back patients. Considering the ease with which milk is infected, we consider money would be well expended on separate conveyances for these purposes. Even if the disinfection of the conveyance after each journey were complete and thorough, a surely justifiable prejudice will be felt against using for commissariat purposes a vehicle constantly employed for the conveyance of the sick and diseased.

On the question of co-operative supply, while recognising that some economy may be achieved by this method, we must point out that such a scheme would need the most careful management and the appointment of a central board of lynx-eyed inspectors if the quality of the goods supplied is not to deteriorate. Personally, and we think most Matrons of hospitals will agree with us, we found constant personal supervision necessary in connection with goods supplied under contract, in order to keep the quality up to sample. We always kept a magnifying glass by us, with which we scrutinised samples of each new consignment of linen and other goods before we accepted it. Even then the difficulty of keeping things up to the mark was considerable. Trusts doubtless have their advantages, but in our view conscientious individual work makes for perfection.

Reflections.

FROM A BOARD ROOM MIRROR.



Under the immediate patronage of Her Royal Highness Princess Louise Duchess of Argyll (president of the hospital) a dance will be held at the Empress Rooms, Royal Palace Hotel, Kensington, on Tuesday, December 16th, in aid of the fund now being raised for the improvements in progress at Charing Cross Hospital.

The new out-patients' department at the London Hospital is now almost completed, and will be formally opened next year by the King and Queen, probably about May. It will be a magnificent building, capable of seating 1,000 patients while waiting their turn, comfortably warmed and lighted, and with numerous rooms for the various doctors. The building is beautifully arranged, with a great hall in the centre, and all the casualty, operating, and other rooms opening out of it either on the same level or on a higher storey. The total cost of the building will be £70,000, and anyone who visits the present out-patient rooms in the London Hospital will think that the money is well spent.

Much excitement was aroused and great crowds gathered outside St. George's Hospital about nine o'clock on Sunday evening, when it was discovered that there was an outbreak of fire in one of the wards on the first floor, which, however, was overcome with admirable promptitude with the aid of buckets. The Hyde Park Corner fire alarm, which rings into the

[previous page](#)

[next page](#)