

ment Board, said the infection had so often followed the direction of the wind that there must be a relation between cause and effect.

A condensed report of the conclusions of the deputation from the London Hospital which recently visited the hospitals in the North, which was published in this journal on February 4th, was referred to at some length in the Report of Colonel Warburton, Medical Superintendent of the Royal Infirmary, Edinburgh, at a meeting of the Board of Managers of that institution on Monday last. We have asked Colonel Warburton to be good enough to furnish us with his views on the subject which we shall have pleasure in placing before our readers.

Hospital Experts in Council.

A meeting of the Hospitals' Association was, by the permission of the authorities, held at Charing Cross Hospital on Friday, March 3rd. Dr. Bryant presided, and Dr. D. J. Mackintosh, Medical Superintendent of the Western Infirmary, Glasgow, read a paper on the "Control of Hospital Expenditure with Efficiency." The comparison per occupied bed was, said Dr. Mackintosh, held by some to be illusory; nevertheless, on the whole, it was regarded as the most practical and fair standard of comparison, and in his opinion justly so, due allowances being made. The difference between the cost of the London hospitals and those of the provinces was striking, and ranged in hospitals with medical schools from £50 5s. in Dundee to £142 15s. in St. George's Hospital, London. It was a matter of very great public importance to account for so great a difference, and it was important that information as to the details of expenditure should be forthcoming. The British Public is always ready to pay for efficiency, and it should not be asked to pay for anything else.

The lecturer then proceeded to argue that the whole work of superintending the various departments should be focussed in the hands of a single administrator who must be directly responsible for the Institution to the Board of Managers. The whole object of the paper thenceforward was to prove this point. It is one upon which we join issues with the speaker, because the single responsible authority is unquestionably the Board of Managers. To that Board the heads of departments whether medical, nursing, or secretarial should be directly responsible, and have free access, and it is unquestionable, so far as nursing is concerned, that the most efficient training schools are connected with institutions where this organisation is in force. It is not conducive to the welfare of a nurse training-school that the Matron should exercise the responsibilities of her office as the deputy of a Superintendent, whether medical or lay, instead of being directly responsible to the Board of Managers for the efficiency of her own department. Dr. Mackintosh expressed doubt as to whether the detection of unusual expenditure as to surgical stores was possible to a lay Superintendent who would be obliged to interfere ignorantly or not to interfere at all.

Economy in purchase was, said the lecturer, after

all, only one aspect of the problem. Economy in use was probably of even greater importance, and must be secured by constant supervision. It was not possible such supervision could be exercised by a Secretary who was otherwise occupied. Secretarial and administrative work were through and through distinct. The administrator must be present at the Hospital. In most Scotch Hospitals the Secretary had his office in the centre of the city—in the middle of the business quarters where he was in constant touch with business men in every department of commerce and manufacture. We gathered that the lecturer was of opinion that the same system might be usefully adopted in relation to hospitals over the Border.

On the conclusion of the lecture the Chairman invited members of the audience to discuss the points raised. No one seemed inclined to open the ball. A personal invitation to the Hon. Sydney Holland met with no response, but eventually Mr. Conrad Thies, Secretary to the Royal Free Hospital, rose. He said, in considering the question of a Superintendent the size of the hospital must be taken into consideration. In a hospital of under 250 beds he thought the suggestion would be quite impracticable. It was also, he thought, a matter for surprise if a medical man who was of the stamp to make a first-class Superintendent was content to adopt that position rather than to follow his own profession. So far as his own hospital was concerned, the Secretary could certainly be acquainted with details. He thought a screw was hardly driven into a wall without his knowledge.

Mr. Holland, with a delightful disregard of conventional procedure and absence of the pomposity which characterises so many potentates, here invited the chairman to "toss up." He explained that there was a difference between himself and Sir Henry Burdett as to which should speak first, both preferred to speak last so as to answer the other. He asked the Chairman to decide whether the protagonist of the Medical Superintendent ought to speak first, or whether he should do so. The decision being that Mr. Holland should speak first, he explained, in reference to a statement he had made in print, contrasting English and Scotch dietary, that they "could not starve their patients" at the London—to which Dr. Mackintosh had taken exception—that he meant no reflection on the Scottish hospitals. But an Englishman would not eat a Scotchman's diet. If you offered him porridge he would say that he "could get skilly in prison for nothing." He had offered a substantial reward to patients if they would take it and had been refused.

He supposed every one was agreed that there should be one boss in a hospital. The point was, should the boss be a medical man or a layman? Why should a head, because he was a layman, be ignorant of details? It would be scandalous if he were. Nevertheless he must leave the management of details to the heads of departments, whether he was called Superintendent or Secretary or House Governor.

Sir Henry Burdett had said that a saving of, was it £20 per bed? (£30, put in Sir Henry) £30 a bed could be effected if hospitals appointed a Medical Superintendent. If a man pretended to be a hospital expert he should be careful what he said. It was like many of his statements, vague, unreliable, and inaccurate. Why should the Superintendent necessarily be a medical man; why not any competent man who understood the management of men; why limit such appointments to men who had taken up a medical

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