

up again—for Glasgow is not the only town where the medical officer of health is nominally the chief officer of one or more large fever hospitals. It may be said without exaggeration that this arrangement is unsafe, and that it should be ended. The medical officer of health should in no sense be responsible for the administration of a large fever hospital, except in so far as it is a public institution within his sanitary district. The theory of a nominal official responsibility may be defensible in other departments of public work, but in hospital work life is at stake, and theory must go to the wall. It is for the medical officer of health to say how many cases in his district require admission to hospital. It is for the chief of the hospital, by right of a principle laid down in the regulations, to say how many of them he can deal with, and to discriminate between the cases he takes and refuses. The patients already in hospital must be the first consideration, and if under such conditions the hospital proves insufficient for the needs of the community, more accommodation is required. It must be added that convalescent cases should not remain in a hospital equipped for acute cases. It is not economical, even if it were safe.

2. Given overcrowding, understaffing is apt to result. The reasons why there is a difficulty in obtaining a sufficient number of reliable fever nurses at short notice are well known. They will only be removed by giving the fever nurse a definite status—by placing on an assured footing a branch of municipal service that has in recent years grown enormously.

Understaffing is an evil apt to produce very definite results, but the latter are greatly aggravated by a vague distribution of authority. There should be no doubt as to who should take action when the nursing staff is overworked. The matron is their official representative, and means are provided through which she can report to the Committee,* as a rule through the physician-superintendent. Also it is plain who should take action when the patients are undernursed. The medical officers treat the cases, and nursing is the most important part of treatment. But there is not, or ought not to be, any official link between the assistant medical officers and the matron. Their business is with their chief, the medical super-

* We think every matron should report on the work of her department in writing direct to the Committee, having daily communication, and of course working in co-operation, with the medical superintendent.—Ed.

intendent, and to him all their requests and reports should go. In a hospital with several assistant officers, the senior assistant should be the channel through which the physician-superintendent receives such communications. There should be a definite time when the senior assistant makes his formal report to his chief. Following this, there should be a daily meeting of the physician-superintendent and the matron, so that all matters requiring consideration may be discussed and settled. If the matron cannot meet some necessary requirement then the question becomes one for the Committee, or the Chairman acting on its behalf, and responsibility passes beyond the officials.

3. One other phase of diffused responsibility is worth mentioning. When an officer is away the one next in command should have all the power and responsibility of the post. This is the only way in which continuity of administration can be assured in a hospital, and it becomes doubly needful to adopt it when the absent officer is the chief. In the absence of the physician-superintendent, his senior assistant steps into his place, receives the report of the officer next in seniority, who has taken over his duties, and then interviews the matron.

Making a fair allowance for the effects of stress, the conditions revealed at Ruchill may be largely ascribed to faulty organisation. It is to be hoped that the Committee and their advisers, in setting their house in order, will see to it that the responsibility of individuals is clearly defined.

Meetings of American Matrons and Nurses.

The American Matrons' Society holds its annual meeting in Cincinnati, Ohio, on April 22nd, 23rd, and 24th, and the Nurses' National Society meets in San Francisco on May 5th to 7th. According to the *Nurses' Journal of the Pacific Coast*, "the very atmosphere in nursing circles is teeming with plans for, and in anticipation of the national meeting. . . . as it will afford Pacific Coast nurses the opportunity to meet our distinguished women, and to hear them on subjects which concern so vitally the welfare of our profession."

This meeting will be a great event, as we sometimes forget on this side that it takes five days and nights to cross the United States Continent from Atlantic to Pacific. We only wish we could accept the kind invitation to be present.

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