

managed by women. In Queensland, Brisbane Hospital for children and the Women's Hospital are also managed and superintended by women, although there are advisory committees of men. In New Zealand, although women are possessed of the franchise, they have not associated themselves with the management of almost any class of hospital. Even the maternity hospitals are mostly established by Government and under departmental control.

An interesting account of hospital management in France was given me by M. A. Mesureur, Chef de Cabinet du Directeur de l'Assistance Publique in Paris. He tells me that women are eligible for places in Hospital Boards in the provinces, but few have availed themselves of this privilege. The hospitals were, of course, formerly nursed by nuns, and laywomen simply dispensed charity to the poor patients and their families without interfering with the management, and this they still continue to do. Two ladies (Mmes. Bagelot and Pérouse) have been nominated to the important post of members of the Superior Council of the Assistance Publique in France. This Council discusses general regulations for the administration of this great public department for the assistance of the poor and sick. In Paris this work is centralised, and the great hospitals come under the Department, as well as almshouses, etc. A most interesting training school has been established at Salpêtrière, which trains nurses and supplies them to the various hospitals. This is the only institution where there is a responsible Matron such as we are accustomed to find in British hospitals.

I also made inquiries regarding Holland, Sweden, Denmark, and other European countries, but find that there are few instances of women actually having control of hospitals. In Japan, women do much service in respect of Red Cross and such organisations, but they do not control the ordinary civil hospitals.

It is thus in our own country that possibly greatest advance has been made in this regard. According to that useful publication, "The Englishwoman's Year Book," of important hospitals (exclusive, of course, of cottage and other smaller institutions), there are twenty-four which have women on their Boards of Management, though others have ladies' Committees. Most of these hospitals have two or three women members, but in some cases there are more. In Scotland we are really advanced in these matters, owing largely to the efforts of the late Miss Louisa Stevenson, whose loss we all deplore, for our largest hospitals, the Edinburgh Royal Infirmary (the largest general hospital in the United Kingdom), the Glasgow Royal Infirmary, and the Glasgow Western Infirmary, as well as three other hospitals, have women on their Boards. But in London things are quite otherwise, for none of the general hospitals of first importance, except the Royal Free, have as yet elected women as Governors.

As regards the qualifications of those who desire to serve their country in this office, it is

important to keep in mind that women who so serve should be elected, not because they are women, but because they are capable of carrying out the duties imposed upon them. They have to concern themselves with the appointment of the officials, and this is no easy task. But once these officials are appointed, they require all the assistance and support they can get in their difficult work—work for which they have been specially trained, and in which they must be regarded as experts. A former Matron of long standing and great experience put the matter of the relationship of the Board to the Matron to me thus: "I apprehend that the first duty of the Board in regard to the Matronship is to elect to it a well qualified and trustworthy person; then to treat her trustfully, and with a watchful helpfulness, being accessible to her, and attentive to her reports and requests, though these last may not always be granted." It is certainly true that the holding of the post of governor, if it gives great opportunity for good, also gives great opportunities for harmfulness in a complicated household where difficulties are perpetually coming up, and where they are easily augmented. But the point I wish to emphasise in conclusion is, that by serving their fellow men in this particular way, women are given the chance of utilising certain gifts with which nature has usually endowed them, as well as the special training which they usually receive, and for the good of the commonwealth it seems as though these gifts should not be left fallow.

Reflections.

FROM A BOARD ROOM MIRROR.

The Dunoon District Cottage Hospital, which has been built and equipped at a cost of £4,000, was opened on the 16th inst. by Princess Louise, Duchess of Argyll, who was accompanied by the Duke of Argyll. The hospital is situated on an almost ideal site on the Sandbank Road, and stands on about five acres of ground, completely walled in. It possesses a magnificent exposure, with a commanding view of the Firth. In the main block of buildings, forming the institution, there are two wards, with provision for twelve beds. An up-to-date operating theatre has been provided, and there is suitable accommodation for the staff. In the back building there are wash-houses, laundry, and ambulance shed. The visit of the Princess was the occasion of a half-holiday in the burgh, all places of business and public offices being closed at noon.

The floors at the magnificent new Royal Infirmary, Manchester, are linoleum laid on the smooth concrete, and the walls and ceilings, which join in a curve, are painted and varnished. The question of floor covering in hospital wards is a difficult one. At the London Hospital linoleum is used, and is pronounced practical and sanitary.

The Radcliffe Infirmary, Oxford, has had a splendid legacy. Mr. John Briscoe, F.R.C.S., of Broad

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