

and leave in her hands the carrying out of detail. They have two natural checks on her action, and a third which I am not afraid to advocate. (1) The Medical Staff will report on the efficiency of the nursing; (2) the treasurer will report on the expense and items of expense; and (3) the Nurses should be themselves on that footing with their Matron that they have no hesitation in petitioning her when they have any real grievance to complain of, and if the matter lies in her power she can set it right; if it is a Committee rules, she is the proper person to bring it before the authorities, and advise them in the matter.

Apart from the Nursing and domestic management, we have further the relation of the Medical Staff to the Managers. And here again there should be no difficulty in adjusting the balance of power; but we constantly hear of friction. The Committee says that the Medical Staff regards the Wards merely as a field for scientific operation, and have no regard for the economic use of public money. The Doctors, on the other hand, do not condescend to particulars, but make wide and wild statements as to money that *ought* to be "found" by the Committee, and not unfrequently lay the restraint imposed on them to the door of some parsimonious individual. Doubtless there is something to be said on both sides, and therefore both should have an opportunity of saying that something. The honorary acting and consulting staff should select a representative to be on the General Committee of Management, and through him, as the Nurses through their Matron, all questions relating to their department should be brought to full discussion.

There are, I believe, some provincial Hospitals where the whole Medical Staff are all members of Committee, and though the non-professional may have a decided numerical majority, so many are mere cyphers that the medical influence, often not the most practical, is too strong for the men of business who, after all, are the persons to whom the public look to make the most of the charity to which they subscribe. Unfortunately we live in days of little disinterested charity. People like to have their *quid pro quo*, and when they glance at the report of a Hospital they feel as if their guinea had built and maintained it, and they like to see a goodly array of members benefited.

Closely following on the question of the balance of power in the management of a Hospital is the distribution of work, and though it is scarcely within the scope of my present subject,

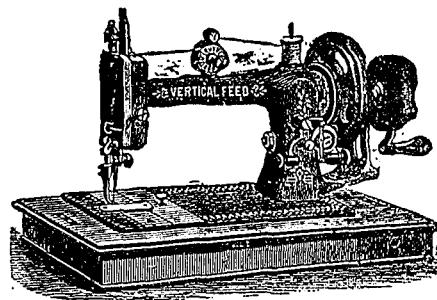
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I cannot resist the desire to call attention to the position of the Matron in our small provincial Hospitals where there is neither Night Superintendent (and I am convinced there ought to be no Hospital of 40 beds without a Night Superintendent) nor Housekeeper. Her work is incessant—indeed she is never off duty, and no Secretary or Ladies' Committee can print or enforce nice little rules, for her times of relaxation or rest. But they might do much to give some relief to the ceaseless round of her duties; they may be on their guard against unnecessary red-tape, and they could, far oftener than is usual, let her do things pertaining to her own department in her own way, and allow her to organise it on the lines that commend themselves to her as the easier to work in, both for herself and for her Staff.

Were this done I am certain that work and authority would be better regulated, and the management of our smaller and provincial Hospitals, as well as the management of the large ones, would be soon placed on a much happier and better footing.

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