according to Plutarch's dramatic account, took poison in the Temple of Poseidon, graduating the dose, which he sucked from the point of a writing-quill, so that it might not take effect till he was well out of the sacred precincts, which were thus immune from desecration by self-murder committed within them. Hannibal is said to have carried in a ring the poison by which he committed suicide; but what that poison was is still a matter of controversy, as is also that employed by Demosthenes. In mediæval times such methods of "cheating the gallows" were common enough—witness the cynical self-possession with which (in Scott's "Fair Maid of Perth") the mediciner Henbane Dwining baulked his executioners on the ramparts of Falkland Castle.

THE ASYLUMS OFFICERS BILL.

A BLUE-BOOK has been issued containing the special report of the Select Committee on the Asylums Officers (Employment, Pensions, and Superannuation) Bill. The committee, we are glad to note, shows a full appreciation of the very arduous and responsible duties imposed on asylum attendants, and recognises that the conditions under which these duties are carried out must be materially improved if a proper standard of excellence is to be maintained in the personnel of our institutions for the insane. At present, according to the estimate of the Lunacy Commission, the number of hours' work required of the asylum attendants averages for England and Wales 84 per week. This is obviously excessive, especially when regard is had to the nature of the work, much of which, as the committee justly observes, is tedious, monotonous, wearing, and not free from some personal risk. That a more reasonable system is quite practicable is shown by the example of the London County Asylums, in which the male attendants work on an average 66 hours on the day and 63 hours on the night staff, and the nurses 72 hours on the day and 65 hours on the night staff. Considering the demand which the nursing of the insane makes on tact and temper, these hours seem quite long enough, and this view, we may add, is to be urged not less in the interest of the patients than of the attendants themselves. The committee recommends that Parliament should impose a statutory maximum, and it suggests as a reasonable limit 70 hours a week for the day staff and 60 hours for the night staff. It deprecates, however, any attempt to introduce a stereotyped system, and it advises that within the statutory limits each visiting committee should be empowered to draft its own scheme of hours of duty and periods of leave. It is satisfactory to note that the committee disapproves strongly of the proposal to pay overtime, a system which in asylum work has obvious disadvantages as compared with the alternative method of allowing equivalent leave for extra duty. With regard to superannuation, it is very reasonably suggested that as the salaries of nurses are generally lower than those of male attendants, an effort might be made to redress the balance by granting pensions to nurses on a higher scale. The Bill, as amended in committee, should go a long way towards removing the very real grievances under which asylum attendants have laboured; it is therefore to be welcomed as a measure of justice to a very deserving body of public servants, and further, as a reform which must tend to promote the efficiency of the institutional care of the insane.

THE first Hunterian lecture will be delivered by Dr. T. B. Hyslop on Oct. 11th, at 9 P.M., on "Intracranial Murmurs in their Relationship to Tinnitus Aurium," at the London Institution, Finsbury-circus. The lecturer will deal with some of the more important of the anatomical and physiological problems of intracranial physics, including the pulsatile, respiratory, and peristaltic movements of the cranial

contents. Examples will then be given of morbid affections of the vascular and lymphatic systems which may, in some instances, be attended by acoustical phenomena, which may be observed both subjectively and objectively. All members of the medical profession are invited to attend.

THE undermentioned gentlemen have received the authority of His Majesty the King to accept and to wear the decorations which have been conferred upon them by His Highness the Khedive of Egypt—viz., the Third Class, Imperial Ottoman Order of the Osmanieh, to Mr. Alexander Granville, of the Egyptian Ministry of the Interior; and the Third Class, Imperial Ottoman Order of the Medjidieh, to Dr. Reginald Gower Kirton, Chief Medical Inspector of Prisons, Cairo.

THE death has occurred of Dr. Joseph Bell, of Edinburgh, consulting surgeon to the Edinburgh Royal Infirmary, for many years editor of the *Edinburgh Medical Journal*, and admitted by Sir Arthur Conan Doyle to be the prototype of Sherlock Holmes.

THE Harveian Oration will be delivered by Dr. C. Theodore Williams at the Royal College of Physicians of London at 4 o'clock on Wednesday, Oct. 18th.

REPRESENTATION OF HONORARY MEDICAL STAFFS UPON BOARDS OF MANAGEMENT OF VOLUNTARY HOSPITALS.¹

BY ERNEST S. REYNOLDS, M.D. LOND., F.R.C.P. LOND.,
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OF THE MEDICAL BOARD.

SOME ten years ago, owing to an acute disagreement between the lay and medical elements of one of the London hospitals, a series of articles appeared in the *Practitioner*² on the question of hospital management from the lay and the medical points of view. The arguments in favour of medical representation on boards of management are so convincing that further discussion on the subject seems to me to savour of the profitless undertaking of flogging a dead horse; and I was unwilling to undertake the request that I should read this paper until I learned, with surprise, that there are still hospitals in this country in which such arrangements do not exist.

To shorten my argument, I take it for granted that every hospital possesses a lay board of management (composed entirely, or almost entirely, of laymen) and a separate medical committee (composed of the honorary medical and surgical staff), and these I will allude to below as "the board" and "the staff" respectively.

Now it is always well in dealing with an adversary in argument to consider as calmly as possible why it is he can persist in being so adamant as not at once to alter his opinion in accordance with the views you put before him, and so far as I can surmise the reasons for a purely lay administration of hospitals are: (a) the question of ownership, (b) the finding and spending of money, (c) business capacity, (d) possible censure of one or more members of the honorary staff, and (e) lay suspicion of medical hospital practice. I will consider these seriatim.

(a) *Ownership*.—I suppose that in law a voluntary hospital is owned by the trustees, who are entirely, or almost entirely, laymen, and it naturally seems to follow that they should manage their own property. This highly complex organism, a hospital, comprises not only buildings and paid lay and medical officers, but also as a most important and indispensable part of its working units an honorary medical staff; and

¹ A paper read at the Conference of the British Hospitals Association, held at Manchester, on Sept. 29th, 1911.
Vol. xiii., 1901.

just as the paid officers have naturally no voice in the management, so it is supposed that the honorary staff should have no voice. But it should be remembered that a large number of hospitals in this country have been initiated by medical men in the district, partly from philanthropic motives, and partly, to put it broadly but in no sinister sense, for purposes of self-education and advertisement, and it seems somewhat arbitrary that having once started the hospital they or their successors should take no further part in the management. Secondly, the honorary staff are not paid except indirectly by the experience gained and the advertisement of being on the staff, and if owing to bad management the hospital is a failure the reputation of the staff may suffer enormously.

(b) *The finding and spending of money.*—The obtaining of money to maintain a hospital is largely the work of the board, but this does not seem to me to be a reason why the staff should not have a voice in the expenditure. I am sure the Chancellor of the Exchequer could not well object to the First Lord of the Admiralty and other members of the Cabinet having a "say" in the Naval Estimates. Moreover, it is by no means unknown for members of the honorary staff not only to contribute to the funds of the hospital, but also to obtain large sums from their richer patients.

(c) *Business capacity.*—It is frequently stated, and in the articles in the *Practitioner* already alluded to is rather insisted upon, that members of the medical profession are very lacking in business capacity. I admit that some of them are, but I have seldom known a successful medical man who was not businesslike in his habits. Want of business capacity is a fault which has been commonly associated for centuries with scientists and artists and has frequently been made the subject of mirth, and in spite of this, such unbusinesslike people have won the greatest renown, often, however, without making great fortunes. But taking the average run of successful doctors they are in my experience quite as businesslike as other members of the community. I have even known more than one unbusinesslike lawyer.

(d) *Possible censure.*—It may be urged that if it is deemed necessary to censure a member of the honorary staff either for irregular attendance or irregular conduct it would be difficult to do so if the member himself or one of his colleagues is sitting on the board. But, firstly, such occasions are very rare; and, secondly, it is exactly on such occasions that mistakes may be made by laymen which a word from a [member of the staff will rectify at once and so prevent possible friction and misunderstandings.

(e) *Lay suspicion.*—Finally, it may be argued that the staff should not be represented on the board because of the suspicion which many of the lay public unfortunately have about medical work in hospitals, and especially in hospitals to which medical schools are attached. The idea is that "the doctors must be looked after." I do not believe there is the slightest foundation for this suspicion, but, knowing that it exists, I think it is in the highest degree desirable that hospitals should be managed by laymen, who should be in overwhelming preponderance in number on the board. But this is no reason why some of the board should not be drawn from the staff—rather, indeed, that they should be present, so that they may hear at first hand, and be able to correct at once, unjust allegations made against them or their colleagues.

The above are the only reasons I can think of for the exclusion of staff representatives from boards of management; possibly other reasons may be brought forward by the members of this conference.

Let us now consider reasons why the staff should be represented on the board. It is obvious that some means must exist by which the views and requests of the board and of the staff can be communicated one to the other. The three methods of intercommunication are: by resolutions placed on the minute book or forwarded by letter; by conference; or by direct representation of members of the staff on the board. A point arises here which may be at once disposed of. It may be argued that if the staff is represented on the board of management the latter should be represented at the meetings of the staff. But as a matter of experience, the meetings of the staff are taken up almost entirely with purely medical or teaching matters, and also (at any rate at the Manchester Royal Infirmary), in the rare event of the

board wishing to discuss matters with the full staff, a conference is always most readily arranged.

In the method by resolution or by letter the communication may be ignored by the other parties, it may be misunderstood or may not be clearly and fully worded, and may thus require a whole mass of correspondence, thus causing a delay of weeks or months over a matter which a personal explanation would settle in a few minutes. The method by conference is better, but again involves unnecessary delay in arranging a time and place to suit all parties. By regular representation these delays and misunderstandings are at once done away with. Misunderstandings may and do arise first because of the different points of view from which lay and medical men look at certain questions, and, secondly, because of the somewhat extraordinary ignorance sometimes displayed by lay members of hospital boards about hospital matters, and not unfrequently even on matters relating to the very hospital on whose board they serve. This ignorance may be found more particularly in those members who may possibly attend quite regularly, but who are very busy public men who have already too many irons in the fire. Examples of misunderstandings because of a different viewpoint may arise on certain subjects which are principally professional but on which the layman sometimes thinks his knowledge is of great importance, such subjects as relate to the decoration, furnishing, ventilation, warming, and alteration of wards, the expense or utility of certain dietaries, the use of alcohol and the amount ordered, the necessity or otherwise for special medical and surgical appliances or methods of treatment proposed by the staff which some layman may consider to be a mere fad, or some method proposed by the layman which the staff know to be a fad; and last, but by no means least, letters which sometimes come, even in the best regulated institutions, complaining of the treatment which patients have received. By direct representation also matters which have been dealt with by the medical board and entered briefly on their minutes can be at once, if necessary, explained in full detail before the lay board. But in many other subjects which arise at the meetings of the lay board, such as those relating to pure finance, many legal matters, the management of servants (other than medical), the placing of contracts and similar purely business affairs, the layman is, and ought to be, paramount, and such matters are better left alone by the staff even if present at the board meetings.

I have worked at hospitals under lay boards both with representatives of the staff and without representatives. I was resident medical officer (and as such was also secretary of the medical committee) of the Manchester Royal Infirmary for the four years 1887 to 1890, and during this time I remember many differences of opinion between the board and the staff, some of these being of a somewhat acute nature; and at times each body, anxious to maintain its dignity, was as far apart from the other as the Lords and the Commons have lately been. This was a bad thing for the constitution of the hospital, but I was so used to this that I hardly knew there was a more perfect way. This I learned when as medical officer and visiting physician to the Manchester Workhouse Infirmary I was asked by the board of guardians to attend regularly at its fortnightly meetings. I then found how easy it was to straighten out in a few words what might otherwise, but for my presence, have been very crooked matters, and how as a result for the 16 years I was an officer of the Poor-law and in charge of a hospital of nearly 2000 beds practically no friction occurred, and certainly none of a lasting character.

About 11 years ago the board of management of the Manchester Royal Infirmary arranged to have representatives of the staff to sit with them, and as one of the physicians I have seen with the greatest pleasure the enormous improvement in the relationship between the board and the staff as compared with what I formerly knew, so that since this change I have never known any friction whatever to occur, and the utmost good feeling exists between the various members of the board and the staff. The system arranged seems to me to be so admirable that perhaps I may be permitted to describe it in a little more detail.

The board of management consists of certain lay trustees, 21 in number, elected by the general body of trustees at their annual meeting. This board meets once a month; exactly the same gentlemen meet once a week as a house

committee. The medical committee consists of all the members of the honorary staff, 23 in number, and meets regularly once a month to discuss any matters relating to the treatment and well-being of the patients, the diet sheets, surgical instruments, the sanitary state of the wards, the consideration of cases which have been over three months in the hospital, and all questions relating to the teaching of students. At the January meeting each year the medical committee elects by ballot four of its members to represent them on the board of management. As a rule—and it ought to be a rule—two of the elected members should be physicians and two should be surgeons, one of the four, however, being from time to time chosen from the honorary officers in charge of special departments, such as those of gynaecology, eye or ear diseases; and, as a rule—and again it ought to be a rule—no member should serve as a representative for more than two years in succession, for it is most important that no one member of the staff should obtain an undue influence on the board. These four elected members now become full members for the year of the board of management and are summoned by the general superintendent and secretary of the infirmary to all meetings of the house committee and the board of management and can take part in all discussions on any subject and can vote. As a matter of fact, they do not interfere as a rule with any subject with which they have no concern, such as finance, &c., to which I have already alluded as being purely lay in nature. They are there more to explain and, if necessary, to advise on points which I think all the members present would consider to be proper for them to deal with, and I do not know of any case in which the explanation or the advice has been resented.

As I have said, this system has worked in the most perfect way at the Manchester Royal Infirmary. At other hospitals, although the staff is represented on the board, its representatives are not allowed to vote. This is a point which does not seem to me to be of any great importance; the thing that matters is the actual presence of members of the staff with permission to explain and advise. At other hospitals the whole of the members of the staff sit on the board. If the staff is small in number and the lay members are preponderatingly large in their average attendance, I do not see any great objection, but otherwise I do, for if there is about an equality in numbers the public might think the staff was managing the hospital, and this is an idea which it is advisable should not exist. Another objection is that if the whole staff is allowed to attend then there may be occasions when no member of the staff is present, each depending too much on the others, for what is everybody's and anybody's work is nobody's work, whereas a few elected representative members of the staff have put upon them the duty of regular attendance. And it is very necessary that this attendance should be regular, for by experience I know how often at the end of some ordinary meeting, just as members are rising, some question is asked or some letter is read which at once fixes the members to their seats and keeps them there for another hour's discussion, and frequently such matters arise which involve and require medical advice and explanation.

I should like before closing to mention one comparatively small matter but which is important. At some hospitals, instead of, or in addition to, members of the active staff sitting on the board a member of the retired staff is present. This is to my mind undesirable, and especially so if he is the only medical member present, members of the active staff not being admitted. It is undesirable because members of the retired staff have a tendency to lose touch with or to lose sympathy with the work of younger men, and the advice they may give to the lay members of the board may be diametrically opposed to the views of the active staff and their presence on the board may become a hindrance to the progressive work of the hospital.

To summarise, I would suggest that in every hospital the staff should be represented on the board of management by some or all of its active members; that these members, if elected as representatives (which is the method I prefer), should be elected annually, should in no case serve for longer than two years in succession, and should be few in number, so that the lay members are always predominant. To those hospitals who have not yet tried this arrangement I would say, "Try it as soon as possible, I have seen the good results."

SOME ADMINISTRATIVE DEFECTS OF THE NATIONAL INSURANCE BILL.

BY GEORGE P. FORRESTER, F.C.S.

As is clear from a leading article in THE LANCET of Sept. 30th on the National Insurance Bill, medical and public opinion alike is a little in doubt as to the actual conditions prevailing in Germany. Therefore a consideration of the methods under which the German system is applied in practice may prove opportune, particularly in view of the absence in Great Britain of many measures upon which a scheme of this nature is naturally dependent, and which were in existence in continental countries prior to the introduction of this form of social reform.

A scheme designed directly to affect the vital interests of one-third of the entire population of the United Kingdom, and at the same time involving a fresh charge upon the national revenue in addition to the financial claims to be imposed upon an even greater proportion of the citizens of this country, represents a legislative measure fraught with far-reaching consequences which should be embarked upon only after a careful consideration of all the interests directly and indirectly involved, and after making due provision for safeguarding the legitimate claims of all persons coming within its scope. It is to be regretted that in the case of the National Insurance Bill these considerations have not prevailed more fully, for the framers of what is perhaps the greatest scheme for social reform ever presented to the British nation, a scheme fraught with vast possibilities for good and in its conception worthy of the highest praise, cannot be spared the reproach of having introduced a measure incomplete in many essential particulars. Especially they have neglected the creation of provisions absent in our country, but existent elsewhere, and of having disregarded the lessons taught by the experience of other countries. It was a comparatively easy matter to graft a measure of the nature of the National Insurance Bill on to the institutions and conditions in existence in Continental countries, and this fact has apparently been overlooked by our legislators, who in their endeavour to provide the British public with the kind of benefits enjoyed by these other countries have omitted to take into consideration the different conditions and customs prevailing at home, and have overlooked the imperative necessity of first providing similar conditions before adopting similar remedies. In their haste to rush the Bill through they avoided the inclusion of many essential administrative details, and by framing several of the clauses in vague terms they will invite disputes and frequent friction when an attempt is made to carry them into effect. This criticism applies particularly to the administration of the medical benefits, the supply of medicines, the future position of the hospitals, and the peculiar position and hardships awaiting a large section of the to-be-insured.

The unanimous and determined opposition of the medical profession which marked the introduction of the Bill affords an apt illustration of the mistake made in omitting more definite proposals for regulating the administration of the medical benefits. At the same time it shows that the framers were willing to commit the same error as their German colleagues, and instead of profiting from the lesson taught by the long years of strife that have marred the working of this scheme in Germany, and have led to the repeated occurrence of doctors' strikes in that country, they contemplate introducing practically the same, if not worse, conditions, after promising that the doctors were not to be sweated. It is the absence of any legal provision regulating the remuneration of the medical attendant that has proved the greatest source of dispute in the administration of the benefits of sickness insurance in Germany. The system of a capitation grant to be paid to the doctor represents a limited remuneration for an unlimited amount of work. The proposal first put forward by the Chancellor of the Exchequer that each doctor would receive a capitation fee amounting to 4s. per person insured presented no satisfactory solution of the problem; a 6s. capitation fee to cover the expense of drugs also did not make a favourable appeal. It must be remembered here that the Bill promises the provision of the best medical attendance, but makes no provision for the payment of special cases