Medical Staff.

13. No uniform system prevails with regard to the medical staffing of our institutions. In a country such as this, where the conditions in the various hospital districts differ so much as regards population, medical men available, and other factors, it is difficult to see how uniformity—though much to be desired—can yet be attained.

In the larger hospitals the usual practice is to appoint an honorary staff, composed of certain medical practitioners residing in the neighbourhood. Among these medical men are usually specialists in various branches of medicine and surgery. The honorary staff is elected by the Hospital Boards for a term varying from one to three years, the practice of Boards in this respect not being uniform. The Department exercises no control over such appointments.

The honorary staff is assisted by a Medical Superintendent, who is elected and paid by the Board, subject to the approval of the Minister of the Department. The duties of this officer are principally executive. In some hospitals he is subject to the control and direction of the honorary staff, as well as to that of the Board; but his position with regard to the former greatly depends upon the personality of the officer concerned. As a general rule, the tendency of an honorary staff is to leave the Medical Superintendent—who is generally a man of considerable professional experience—a comparatively free hand with regard to the purely professional management of the hospital. The Medical Superintendent is assisted by junior medical officers, who are under his control. In our larger hospitals the average is one resident medical officer to about every fifty beds.

It is hoped that in the course of the ensuing year each base hospital will be provided with the services of a skilled bacteriologist, who, in addition to his ordinary duties, will be able to provide the medical men of his own and adjoining hospital districts with those vaccines and sera which now play so important a part in medical treatment.

14. In some of the provincial hospitals the medical service of the hospital is administered either by—

(i.) A Medical Superintendent wholly paid by the Board, who attends to the requirements of the patients, with the assistance either of a paid junior or local medical practitioners who are called in when required, and who are paid by the Board for services actually rendered:

(ii.) A medical officer who, in consideration of a certain sum paid by the Board, and the right to private practice, superintends the general management and medical service of the hospital, calling in such assistance as he may consider necessary—the medical practitioners assisting being paid for services rendered: or

(iii.) A medical practitioner in private practice who, for a certain sum, attends the hospital regularly, calling in medical assistance when required.

(iv.) In a few small hospitals the medical officer in charge, when in need of assistance, enlists the services of private practitioners, who give such in an honorary capacity.

Each of these systems has its drawbacks; but taking all in all, in hospitals of 100 beds and over, the honorary-staff system is undoubtedly the best. It is true that the medical practitioners elected by the Board are not always those who possess the confidence of their professional brethren, but on the whole it is comparatively rare that a bad appointment is made, though the tendency to favour certain applicants, irrespective of their professional worth, is sometimes to be noticed. Again, it is not unusual under this system to find that a medical officer who possesses the respect and esteem of his colleagues and patients, and who is loyal and energetic in the interests of the hospital, is viewed with suspicion by certain members of the Board, and when his time has expired his re-election is by no means secure.

The honorary-staff system has the great advantage of affording experience in the higher work of their profession to a relay of medical officers. The experience gained by them is thus of great advantage to that section of the public who do not seek medical relief in the public hospitals.

There is sometimes friction between the honorary staff and the Medical Superintendent, but this is comparatively rare, especially where the former recognize the abilities of the senior resident officer.

15. In the smaller hospitals a paid medical service appears to be the best. The districts surrounding the smaller hospitals are often not large enough to tempt a sufficient number of medical men to settle in the locality. Therefore, for the purposes of an honorary staff, the Board has not enough medical men to draw from. Moreover, in these small districts professional rivalry is often more acute than in the larger towns, and there is a tendency on the part of some medical men to make the hospital their battle-ground. There is no doubt that a medical officer who is wholly or partially paid by the Board is in an enviable position as regards the surgery of the district: if he is a good man he can practically command the whole of it, and this is not perhaps fair to the local practitioners whose professional services are not similarly subsidized.

It is also difficult for a Medical Superintendent appointed on these terms to successfully resist the tendency to hospital abuse. Unlike his *confrère* on the honorary staff of a large hospital, he cannot advance the plea that he only gives his services in an honorary capacity for the benefit of the poor. Under this system the Medical Superintendent is often adequately paid, and such being the case he can scarcely refuse to admit a well-to-do ratepayer who contends that he has a right to treatment in the hospital and to the services of the Medical Superintendent, provided he pays the customary fees for maintenance. A Medical Superintendent appointed under such circumstances is in a bad way to resist hospital abuse, unless loyally backed up by his Board.