

then constitute the medical board of the hospital. The board of management and the medical board, then, control and are responsible to the board of governors for the proper management of the hospital. The experience of a century has shown this to be a wise and beneficent arrangement.

The management of a hospital so constituted cannot safely be subjected to outside interference any more than could the management of a bank or insurance company, nor has the outside medical profession any more right to come in and do work in the institution than they have to interfere in the management of a bank or other chartered organization.

The establishment of private wards in a public hospital may or may not be a proper arrangement. If the principle is wrong it cannot be made right by throwing them open to all members of the medical profession, an act which might seriously hamper the hospital management. At present they are simply a convenience to the hospital and entirely under its control. No person entering hospital as a private patient goes there except by his own free will, and knowing that he must conform to the hospital regulations and be placed under the care of some member of the medical staff. If he or his medical or lay advisors do not like this arrangement, they are under no obligation to accept it. A person well enough off to pay for a private ward can always get good accommodation elsewhere by paying for it. When a hospital establishes private wards for the convenience of its attending staff, with the additional object of making money for its own use, just as a boarding house or private hospital might do, this affords no ground whatever for those who are wholly unconnected with the hospital to claim the right of participating in the arrangement. In this particular the hospital is not a charity and is under no obligation to those who contribute towards sustaining its functions as a charity. It would thus appear that medical men not connected with, or actually engaged in carrying on the work of, the hospital, have not the vestige of a claim to participate in the benefits of these private wards.

If a patient takes a private ward he does so either with or without the advice and consent of his usual medical attendant, who knows that for the time he hands over the patient to the hospital medical attendant in the former case, and in the latter he can have no possible say in the matter of all. Where then is the hardship? As a matter of fact the private wards in both our large hospitals are mostly occupied by people coming from a distance, and they are nearly always filled and all in use. Often there are patients on the waiting list. Let us suppose the outsiders were given the privilege sought by this resolution, how many would be likely to get accommodation for their patients in the hospital private