

In this case a father sued the Corporation for damages because his son was discharged too soon from their infectious hospital, and conveyed scarlet fever to his other children. The following extract will show the grounds of the decision:—

“They do not undertake the duties of medical men or to give medical advice, but they do undertake that the patients in their hospitals shall have competent medical advice and assistance, and it is admitted that Dr. Archer was a competent medical man, and that no blame attaches to the defendants for employing him. Assuming that he made a mistake, even a negligent mistake, I do not think that the defendants are liable for its consequences; they have done all that the parent himself could have done, had he been able to have his son treated in his own house; he could not have done more than provide a proper home for the boy, and provide nurses and good medical attendance. The defendants have not failed in any of these respects, and I think that they are not liable for the mistake, if there was a mistake, of Dr. Archer.”

We see no reason why this principle should not apply with equal force to a voluntary hospital; and there is a still more recent case which shows that there is at least a duty imposed upon the authorities of a hospital to use due care in selecting their staff. We refer to *Hillyer v. St. Bartholomew's Hospital* (25 T.L.R. 762). It was there laid down that the only duty undertaken by the governors of a public hospital towards a patient who is treated in the hospital is to use due care and skill in selecting their medical and nursing staff. The physicians and surgeons who give their services at the hospital are employed to exercise their profession to the best of their abilities according to their own discretion, but in exercising it they are in no way under the orders,

or bound to obey the directions, of the governors. Although the nurses employed at the hospital are servants of the governors for general purposes, they are not so for the purposes of operations conducted by the medical staff.”

The plaintiff sued the defendants to recover damages for injuries which he alleged he had sustained through the negligent conduct of an operation at the hospital. The operation was conducted by a consulting surgeon, who was attached to the hospital but was not under the control of the defendants. During the operation he was assisted by members of the surgical and medical staff. It was held that the action was not maintained against the defendants. The facts, therefore, were against the plaintiff; but if there had been negligence proved the hospital might have been held liable. “It is now settled,” said Lord Justice Farwell, “that a public body is liable for the negligence of its servants in the same way as private individuals would be liable under similar circumstances, notwithstanding that it is acting in the performance of public duties like a local board of health, or of eleemosynary and charitable functions like a public hospital.”

The fact that this article is barren of much direct authority upon the subject under discussion affords a striking testimony to the efficiency of our great hospitals.

One point which affects rate-aided hospitals—*e.g.* workhouse infirmaries—may be noted in conclusion. Any action for negligence against such an institution would have to be brought within six months, and if the plaintiff proved to be unsuccessful he might be ordered to pay the costs of the defendants as between solicitor and client. This is a meed of protection which is not afforded to those who are in control of ordinary hospitals.

MEDICAL DEGREES AT CAMBRIDGE.

For nearly two years a committee of the Cambridge University Special Board for Medicine has been considering the regulations for the degrees of Bachelor of Medicine and Doctor of Medicine. In the changes made in 1900 pathology and pharmacology were included in the first part, leaving surgery, midwifery, and medicine for the second part of the final examination. This was so far satisfactory that the student gained a scientific foundation for a study of disease and of treatment; but the second part now became somewhat unwieldy. Moreover, it was thought that there was a tendency on the part of those who had passed the first part of the examination to consider that it was no longer necessary to study pathology or pharmacology, even in connection with the cases they were studying in hospital, and the result has been that in the later years too little time has been devoted to clinical and practical work and too much to the study of text-books. Under the new regulations pharmacology and general pathology, along with bacteriology, are separated from the final examination and are introduced as a second part of the second examination. This examination will be more of the nature of a test of the results of teaching, and may be taken six months after the first part—*anatomy and physiology*—has been passed. The final examination will be divided up as formerly, up to 1900, surgery and midwifery being included in the first part, which may be entered for, should the student wish, at the end of five years' study and two years'

hospital practice. The principles and practice of physic (including the diseases of children, mental diseases, and medical jurisprudence), pathology (including hygiene and preventive medicine), and pharmacology (including therapeutics and toxicology) may be taken as the second part of the third examination after the student has passed both parts of the second M.B. examination and after he has completed three years of hospital practice. At this date, of course, should the student wish it, he may take both first and second parts. In this way the examination will not press so heavily upon men of average ability, and the arrangement will encourage them to devote themselves to a more thorough preparation for the various parts of the examination. Further, owing to the rearrangement of the times for examination in pathology and pharmacology, the student will be able to clear this examination out of the way in time for him to begin his studies in the London or other hospitals, and there will be no unnecessary loss of time during the curriculum.

In view of the increasing amount and complexity of the work involved in the examination of theses for the degree of M.D. at Cambridge, and in some measure to lighten the labours of the Regius Professor of Physic, a Degree Committee, consisting of four additional members of the Special Board for Medicine, will in future assist the Regius Professor and his assessor in dealing with theses and keeping of acts for the M.D. degree.