

only attempted in a few hospitals where undue power is centred in a male Director or Medical Superintendent, who prefers friction between female officers so long as he retains absolute power of administration, even if, as is usually the case, such administration is rotten and obsolete.

Dr. Rowe says: "There is probably no Superintendent of any experience here who has not seen somewhere that old-time ulcer on hospital management: the everlasting 'ding-dong,' 'never-let-go' quarrel between the superintendent of nurses and the housekeeper. Each of these functionaries was independent of, and not responsible to, the other, but both responsible to the Executive. Much valuable time was wasted in the endeavour to amicably adjust the ever-occurring frictions and real or imaginary clashings of authority. In the division of authority, when the chief woman is Superintendent of Nurses and Matron, having assistant superintendents of nurses for the nursing service and assistant matrons for the domestic affairs, nearly all the old-time friction among the 'women-folks' at once disappears."

In discussing this point, Miss McKechnie, the Superintendent of the Hospital for Women and Children, New York City, said she had held the position of Superintendent of Nurses, and expressed the opinion that in small hospitals the superintendence of the nursing and domestic departments might be centred in one officer. In a large hospital, she said: "I do not believe it possible to combine the two, and I think the principal reason is that the educational side of the training-school has developed so much; I think that the training of nurses has taken altogether a much higher place than it did in former years. The absolute training and requirements that are necessary for a pupil to graduate from a training-school now requires the full power of the superintendent of the training-school. The superintendent of nurses could be also superintendent of the training-school and superintendent of the hospital. It is a pretty difficult position to fill, because she also has the responsibility of the training of the pupils. If she has capable assistants it may be possible. In a large hospital the training-school management, I feel, is better separated from the hospital management. If we are going to go on with professional nursing as it is tending at the present time, it is going to be much on the order of the distinct separate schools, educational schools where we have a trained woman, a trained nurse, as principal of the training-school. She must of necessity plan the course of instruction, and she must have a committee or board to submit those plans to, and the whole detail of the work is so large and has increased so much that it seems to me the separation is absolutely necessary."

Dr. Rowe pointed out that at the City Hospital, Boston, and many other large hospitals the leading woman official was Superintendent of Nurses and Housekeeper, this lady having several trained assistants to help her, and showing that in consequence her work was very much advisory in housekeeping affairs, but that none the less efficiency and good discipline were thus maintained.

Miss Elizabeth Lounsbury, of the Presbyterian Hospital, Cincinnati, and Miss Maud Banfield, of Philadelphia, supported the principle of the supremacy of the Superintendent of Nurses in domestic affairs, whilst several male superintendents opposed it.

Dr. C. Irving Fisher, Superintendent of the Presbyterian Hospital, said: "With us the head of the training-school and the matron are entirely distinct departments. It is true there is some friction between the two departments, but it has seemed to me that in those two departments the one acted as a check upon the other, especially when all the supplies are first in the hands of the Matron's department, such as the linen, the question of repairs, and the laundry, and all that sort of thing; and I have felt that many things would creep in which the superintendent would not know anything about if that was all under one head, and so the questions that come up will lead to economy."

Dr. Fisher is evidently one of the old-time superintendents who enjoys the "ding-dong" of the scales, himself attempting the while to control the balance of power. In these days of nursing advance and organisation it is an impossible task, and we feel sure had he shared with us a few days' residence in the lordly Voce House, the Nurses' Home at the City Hospital, Boston, and visited with Miss Drown each department under her direct supervision, he would carry away an impression of the masterly management of the whole institution, and realise that such marvellous results could have been attained only by the means of *sound principles of organisation*.

In this country the duties of the senior male official are of a consultative character; in our leading hospitals the three departmental heads of the secretarial, medical, and nursing departments have personal access to the Committee of Management, the Chairman of the Hospital Committee taking an active personal interest in every department of the institution. This is the most democratic form of government, and, in our opinion, the best. Britishers do not take kindly to "bosses." They disliked them in the United States a hundred years ago.

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