

people, and will rigorously discourage sentimentality in dealing with the poor, with which determination I am much in sympathy.

One hospital expert said to me, "John Bull is at heart a very sentimental old party; he is just encouraging dependence for all he is worth; when he has pauperised the entire community who is going to pay the rates which support all those infirmary palaces where you house your tramps?" A nasty poser, which I do not propose to answer, so to another point.

LAY AND MEDICAL CONTROL.

In her excellent Paper on Hospital Administration in Great Britain, Miss Isla Stewart presented the ideal form of hospital management when describing the system which pertains in those hospitals governed by an elected Committee of lay persons to whom the subscribers depute executive power, and which is responsible for financial stability, and the efficient management of the institution in all its branches. This Executive Committee in turn deposes well defined authority to the Heads of Departments, such as the Secretary or House Governor, the Advisory Medical Board, and the Matron and Superintendent of Nursing, yet exercises a vigilant supervision and control over these three most important departments, by constant personal intercourse with the expert officers which direct them. By such organization the disinterested Lay Committee (it should include men and women), keeps the balance of power, which is imperative for the good management of a modern hospital. So many professional interests, as apart from pure philanthropy, are now involved in the routine of hospital work, that it is best for the patients that the ultimate power should rest with those whose personal and professional interests are not involved, and who are in a position to avail themselves dispassionately of the expert knowledge of Secretary, Medical Officer, and Matron alike. This is the ideal method of hospital management, but it is by no means largely in force either at home or abroad. To look at home, the existing Law which governs our Poor Law Infirmaries establishes a medical autocracy, more or less pernicious as the case may be. The Medical Superintendent is the chief administrative officer, and is supreme in the nursing and domestic departments, a position for which no progressive medical man or woman is qualified. The system which relegates to any paid official supreme authority over the work of the opposite sex, in which he is not himself an expert, is a bad system, and no sophistry can make it a good one. No paid officer, male or female, should be empowered to govern; their functions should pause at supervision and control. It is impossible under class

administration, to maintain the balance of power. As with us, there are many forms of hospital control in America. There are no Poor Law Infirmaries in the United States, but the "medical boss" is very much in evidence in State supported institutions. As I have pointed out the governing bodies of hospitals are often composed of a very limited number of elected or nominated male Trustees, and they appear to depute very extensive powers to the chief administrative resident officer, usually a physician. Under his superintendence the Matron has taken shape as Superintendent of Nurses, an officer who has rooms in the Nurses' Home, who is the Principal of the Nursing School, and who, in many instances, is not responsible for the Domestic department either in the Home or Hospital. These duties are performed by an independent officer, the Housekeeper, so that we find the system of dual control in the Nursing department of many American Hospitals, a system which has, by degrees, been almost entirely discontinued in this country.

DUAL CONTROL.

The old system of dividing the Nursing and Domestic Departments, and of placing a female officer at the head of each,—entirely independent of one another—has been superseded in the best managed hospitals in Great Britain by that of including the domestic in the Nursing department, and was only a transitory condition of affairs. Three decades ago there was no nursing department, and the untrained hospital Matron was a woman in nominal charge of the domestic drudges who cleaned the wards and "did for" the patients. She also had charge of linen and stores, and was at best a species of housekeeper. Through much travail and tribulation the highly skilled trained nurse was born—grew lustily and found her feet—then she kicked against the pricks, and demanded trained supervision—she got it in the wards long before it became apparent that it would naturally conduce to her well being in the Home. For some years a division of duty and of power existed; to the Matron was deputed the control of the Nursing School, but the Housekeeper was in authority in the Nurses' Home, was responsible for the Nurses' comfort and food—and in consequence for their health and happiness—this dual control often proved fatal to the best interests of the Nursing Staff.

Economy, the fetish of so many hospital Committees, prompted the Housekeeper to consider expenditure before all things, and indeed, it was upon the diminutive balance-sheet that her own fitness for office, and in consequence her salary depended.

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