

of the hospital work and the medical set of hospital officials as not coming under the *full* control of the hospital superintendent, and completely "unal" control is therefore not in question. Need it follow that disorder will result? Not at all, for the superintendent of the hospital will always hold a check over all parts of the hospital work, by which he may maintain the equilibrium of the whole. Dr. Rowe's use of the word "unal" really signifies the subordination of the training-school part of the work.

Would equality of position for the training-school superintendent—always bearing in mind that in points relating directly to the hospital as a whole she will necessarily defer to him—mean "dual" control? Even if it did, it might be proper to modify views such as those quoted above, for, after all, what is a hospital? It is simply a large family, as Dr. Rowe also calls it, resting upon a basis of housekeeping and presenting in an extreme form all the problems of the family. The orthodox conception of the family in many countries and many centuries was, of course, on the "unal" plan, the man being the unit. But modern States are abolishing by legislation this "unal" form, and are replacing it by a dual constitution of the family. The woman has long had equal property rights in many States, and she is now becoming equal guardian of her children. With the disappearance of patriarchalism the modern family is seen to have two heads—on the principle, I suppose, that two heads are better than one.

However, in hospital work I staunchly advocate having one; work goes much better so, and this one I take to be, by rights, by logic, and by common-sense, the trustees or managers, whatever their corporate name may be.

Nor would I have this headship an abstract or academic thing, but a practical working authority.

There can be no doubt whatever that the trustees are really the heads of the hospital. The superintendent might be removed, and the hospital might, conceivably, run on after a fashion. The superintendent of the training-school might be eliminated, but the hospital would still continue. Even the Medical Board might go, and the hospital need not cease to exist. But remove the trustees finally and irrevocably, and the hospital comes to an end. The trustees thus being the true source of power, why should they not appoint the superintendent of nurses, who is undeniably an important executive officer, and make her responsible to themselves?

In the minds of the large majority, as I believe, of nurses who have had hospital experience there is every reason why they should do so, and no reason why they should not. One might expect hospitals of small or medium size, having a trained nurse in the position of hospital superintendent. Even in such cases,

should the hospital grow large and administration complex, it would be the proper system to make the superintendent of nurses responsible to the trustees, as the woman who was strong as a financier and general executive might be, and very possibly would be, less interested in the teaching side, and therefore should not be allowed the possibility of hampering or restricting that very important branch of the service.

The basis of this feeling among hospital women is that ward management and nurse-training are becoming such highly-developed and many-sided pieces of expert work that they are rising entirely out of the position of "subordinate departments," which Dr. Rowe assigns them.

Indeed, it seems as if the entire organisation plan of a great hospital should be grouped in larger sections, and that some new technical terms should be introduced into it to describe such sections. It might, for instance, be considered that a large hospital, or even one of moderate size, was made up of three sections, each section being composed of numerous departments, and each department consisting of several or many sub-departments, so finally coming down to the individual workers. They might be so arranged:—

Section I.—That part belonging to the physicians and surgeons. This could, surely, only be most improperly called a department of the hospital, and it is usually divided into a number of departments.

Section II.—The business part of the hospital, including all that is usually looked upon as the man's share of family responsibility—viz., the providing of supplies, maintenance, renovation, finance, with all the departments and sub-departments coming under such classification.

Section III.—All that part usually described as "woman's work"—viz., the utilisation of supplies, home-making, housekeeping, teaching, nursing.

(To be continued.)

Cheap at Six and Eightpence.

We are not surprised that Mr. Sydney Holland objects to the "peculiarly offensive language" used towards him by the Editor of the *Hospital* newspaper. We agree with Mr. Holland that it is quite impossible for anyone with any self-respect to enter into a controversy with Sir Henry Burdett, as his methods do not commend themselves to persons accustomed to the usages of polite society. Best correspond through respective solicitors.

An institute for the cure of consumption by M. François Crotte's electric system has been opened, after proving a success at the Brussels Institute.

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