

a "pass" certificate, and we commend the proposition that such a Committee should include "teachers of nursing," which we understand to mean experienced nurses who are acting in this capacity. We fully endorse the belief that "this is the first step towards securing a report of practical value."

Hospital Organisation.

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While this distinction between men's and women's work is not at all scientific, it follows the usual custom of modern hospitals, and were we even to suppose that hospitals were conducted entirely by men or entirely by women, this would still be the logical and smoothly-running division of work and responsibility.

As an actual fact, it is the failure of men in general to understand or to *practically* recognise women's work, and the quite common failure of hospital superintendents and the medical staff to comprehend the province of the superintendent of nurses, that is at the bottom of most of the "friction" found in hospitals.

In a business, or in a home, or in a hospital, where everyone has a complete understanding of the duties, the responsibilities, and the rights of all the others, friction will be minimised. For what is "friction"? It is an effort towards adjustment; it is the protest of the disorganised and unsystematised.

In a disorderly business, or home, or hospital, where no one knows exactly what another one ought to do or has the right to do, there *ought* to be friction, for otherwise there would be dull acquiescence in all sorts of improper arrangements—one of the worst of conditions.

Dr. Rowe speaks wisely when he advocates placing the matronship and the training-school work under one head. They belong together, and to separate them is like setting the sides of the body in opposition.

Under different heads the Matron's ideal is to conserve her stores; the nurses', to use them up. Even the best of nurses are inconsiderate towards the laundry and linen-room until the weight of responsibility for these portions of the hospital is brought home to them.

The kitchen also belongs to this division, though I am quite well aware that as yet few superintendents of nurses are ready to take it. Nevertheless, this is its logical and proper place.

I do not forget, either, that it is quite possible to have good results with the right people under a

poor system, and poor results with the wrong people under a good system.

But if the system is upon the right lines and a sound foundation, then one has the best reason for hoping to find the right individuals.

Now to examine a little more closely the composition of Section III., it might be charted thus:—

SECTION III.—DEPARTMENTS.

1. The housekeeping of the wards and of the entire house, including the engaging and management of maids.

2. The laundry, with its service and records.

3. The linen-rooms and supply-rooms, with the book-keeping incidental thereto.

4. The sustenance of the patient and of the entire family, including the management of the kitchen and diet-kitchen, cooking lessons, the purchasing of food supplies and the account-keeping of the same, or else the requisitioning of the needed supplies.

5. The nursing of patients, including the engagement and employment of orderlies, the requisitioning and preparation of surgical supplies, and the book- and record-keeping involved.

6. The conduct of a school where the character of the pupils must be peculiarly important, where technical training must be practised upon human beings, and where the standard of theoretical teaching is constantly rising. Add to this, that the responsibility of this school to the public is of a most serious and special nature, perhaps even beyond that of the medical school, necessitating discipline of a rigidly ethical kind.

Is it to be wondered at that a woman, or, let us say, a person—for the point I wish to make is not for the woman, but for the proper way of arranging work—prepared by special training and experience, and who is charged even with departments 5 and 6, and part of department No. 1, should feel that she is hampered and handicapped if she is not able to present her problems and her budget directly to the trustees, who are the final power?

She cannot often feel sure that the superintendent of the hospital understands all of her work well enough to represent it for her, or to direct it through her. Nor, if she is in this irrationally subordinate position, does she always feel free to develop her initiative.

It may be said, "Will she be any better off with the trustees?" At least, she will have the same opportunity the hospital superintendent feels to be so important for himself—that of educating them—and they will be likely to treat her, if she is the right woman, as he wishes himself to be treated—namely, to agree with her as to general lines, leaving her the details. May it be said, "Can she not hold this relation to the hospital superintendent with equally good results?"

No, for he does not possess the final power. He

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