ON NURSING SYSTEMS.

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To some minds, the word "system" seems to have a magical import: what it really imports, it is scarcely thought necessary to follow out. In regard to the systems of nursing which are engaging our minds at present, it might be worth while to present to our views the leading features of those at present in vogue. For practical purposes, we may divide them into three kinds:

1. The Ward System:
2. The Central System:
3. The Nursing Institute.

1. *The Ward System.*—In this arrangement, we have the hospital authorities, a matron, sisters, and nurses. The sisters are engaged and dismissed by the hospital authorities; so that, except through the authorities, the matron cannot dismiss. She, of course, can report any one for misconduct, and recommend her dismissal. The sister is the head of her ward: for its well-doing she is responsible; but, in a manner, she has to serve two masters—*i. e.*, the lay authorities and the medical staff. She is, in so far as the latter are concerned, responsible to them; they can report any misdoing to the authorities. Hence it is necessary that she be superior to a simple nurse, and is in her own ward an embodiment of the hospital, the representative of the double head of the charity—the lay and medical staff. It will be seen, therefore, that she should be of a superior stamp, and should have been well tried before appointment. She ought to know nursing fully in its various branches, so as to be able to instruct the nurses under her. To secure the right stamp of person, a good salary should be given; not one which an ordinary cook could get. To make her as efficient as possible, she should not be treated as a machine, nor be the subject of petty tyranny. Her authority in the ward should be supported where possible; and, still more important, her love for the work should be developed by fostering that kind of *esprit de corps*, the glory of the regimental system. She ought, once proven, to be retained as a valuable treasure, which could never be replaced by a mere hiring. The head nurse, in her way, should be under the same influences and feelings, well trained to attend intelligently on the sick; but, beyond even skill, she should not be an eye-server, but have her heart in the work. Probationers of each kind should have an opportunity of learning in each of the departments of surgery, medicine, and the obstetric wards. When the educations of the sister are accomplished, then she should be attached to the department which she prefers, so far as it can be arranged. Thus opportunity will be given to the authorities of distinguishing the qualities of each, and excluding the unsuitable altogether. Now, it is clear that in any hospital arrangements, its highest efficiency will be attained when the sister and medical staff work heartily, I may almost say affectionately, together for the common good. If they have, therefore, been found to work harmoniously together, it can conduce to no good end to divide them; for naturally, after a certain time, the sister and nurse also feel a pride in quoting the number of years they have worked together with this or that surgeon or physician, at this or that hospital. This pride, natural and life-giving, it is, which it should be the object and duty of the authorities to develop; it is the soul of good work. This system I have named the "ward" system. The ward is the hospital "unit"; the sister is its exponent. Besides the advantages above mentioned, it has this, that, subject to proper supervision, it is self-working. However vigilant a central authority may be, it never can watch the doings of every member of the nursing staff; and, indeed, unless a sister or nurse can work without supervision, she is not fit for her post. This system is more consonant with English habits; it has its equivalent in the municipalities, and develops a habit of self-government. In a large hospital, whose patients belong to every nation and every creed, the sister and nurses should be of no narrow religious creed which would urge them to intrude their opinions unduly, and should be allowed to follow whatever religious usages they like.

2. *The Central System.*—In this, there are two principal variations; but the staff consists of much the same parts as in the "ward" system, only the relationships are different. In both varieties, the position of the sister or "ward-head" is lowered more or less, and in some instances she is not much more than head nurse. She is mainly, and in some instances entirely, responsible to the matron, or, as she prefers being called, lady-superintendent. She is engaged and discharged by the matron, in some cases with the sanction or endorsement of the acting governor; and thus, looking to the matron more as her centre, she is less interested in pleasing the medical authorities, as they would be not often consulted

in anything connected with matters affecting the retention of her services. In good hands, this influence would not be detrimental, but it would be so in case of any dispute, or in any instance where, as in the "sisterhood" arrangement, there was any discussion as to the merits of the system. In other words, the more the arrangements favoured the formation of a clique amongst the nursing staff, the more difficult would it be to hear of, or find out the truth of, any errors or complaints. A combination, or something approaching to it, a *suppressio veri*, would be most fatal to efficient treatment of patients.

Now, in the central system, under whatever variety, the matron undertakes to keep a sharp supervision over the whole nursing staff, upon the sisters and nurses. This is not difficult in a small institution, but becomes more so the larger the establishment. As the sisters are less trusted, so they are less independent. This may be well with poor material to draw from, but, in an hospital with large resources, which ought to command any amount of talent, it is not the best method; for, by keeping down independence and by guiding them by rule of thumb, their talents lie latent, and highest efficiency is never arrived at. This central system possesses the faults of centralisation. It tends to bring all its agents to the same level, which, though it may not be very low, yet cannot rise to the highest standard. Doubtless, as before said, with bad material and in small institutions, a certain amount of passable work may be accomplished. But it never can be higher than the centre; should the head be only of moderate talent, though with a power of organisation, the whole nursing—that is, the actual assistance rendered to the patients—will be but moderately done. There is another fault, not without importance, that the higher the system the more the work tends to a strict routine, paralysing individual efforts, and cramping even the action of the principals themselves. Besides, the efficiency of the supervision lessens as the size of the establishment increases; the whole responsibility rests on the matron; and those who know the work of a large hospital, with 600 or 700 beds, will readily admit that this is no slight matter, but requires incessant and continuous wakefulness. But there is an outcome of this method which, however, by no means necessarily belongs to it—this is, the "nursing sisterhood". In this, the whole nursing staff are more or less closely united, after the manner of a guild, obeying the lady-superior, each sister being called by an assumed name, whereby to a certain extent the identity is lost, and the individuality is merged in the general sisterhood. Being united more to the superior, cohesion towards her is more evident in all their actions than in other directions. The superior is the "unit" to a large extent. Of course, when all are well trained and do their work to their best ability, they form an efficient band of nurses, very suitable for undertaking nursing in large towns amongst the rougher portion of the community; the arrangements are suitable for giving the weaker members of the sisterhood a centre of interest to which they can apply for advice in difficult moments. When, however, it is introduced into a hospital, it has, even under a careful and judicious superior, two disadvantages: *one* belongs to the central system generally before stated; but it also tends to form an unduly prominent factor in hospital work, and places a power in the hands of the "superior" not altogether to be desired in so compound an organisation as is the English hospital. But, in the hands of the injudicious, these faults become exaggerated, and an antagonism between them and the authorities and the medical staff is capable of arising. Indeed, that this latter unfortunately has resulted is well known, especially where the nursing has been what we might call "farmed out" to a nursing sisterhood. Under this arrangement, the superior has it in her power, more or less completely, to remove or induce to go every nurse in a hospital at a day's notice should any dispute arise with the authorities. Another disadvantage is the possible antagonism to the medical staff, to whom it is naturally the handmaid; whenever it is possible for the nursing arrangements to dictate to the medical staff or to the hospital authorities, it is self-evident that the hospital as a whole—that is, a place for the cure of patients—must suffer in efficiency. This disadvantage is not imaginary, and in greater or less degree shows itself under these conditions of nursing arrangements. The only check to these disadvantages is, that the nursing staff should be an integral part of the hospital, directly under the authorities.

There is another development of the sisterhood which sometimes is seen, though not necessarily connected with it. I mean the changing of the nurse frequently—every few months; because, it has been stated, she should not have too much attachment for locality. The error of this idea has only to be stated. Is there no advantage in the nurse knowing a patient's ways, the physician or surgeon's methods, and this emphatically in special methods of treatment, which it has taken years to teach? It is a mistake to suppose that a nurse is equally good for every department; on the contrary, some do surgical work, some obstetric, and so forth, better than other kinds. If division of labour mean anything, it eminently holds good in

nursing. But what can changing a nurse constantly mean, after she has been well taught, but that she is more under the power of the superior, and ready to act in combination? There may be seasons and places where the nurse may be required to stand up against ignorance; but the nurse should be attached in feeling to patients and wards by continuity of work.

3. *The Nursing Institute.*—This is a simple form or plan for teaching nurses; but it is frequently confused with the central nursing system. No doubt they can be and often are, worked together, and the one may be considered as in some measure supplementing the other; but it is not well so to confuse them. In any case, persons are received who, having been lectured on the details of their future work, are brought into contact with its practice in the wards of a hospital and infirmary. They should see the various departments consecutively, and might be employed as under-nurses under the supervision of the head-nurses. The proportion, however, they bear to them should be less, or they will confuse the work, liable as they are to make mistakes. How far such an institution can be carried out in a hospital with a medical school attached ought to be a matter of careful consideration; in any case, they should be held well in hand. Still more important it is, that they should not make the work of the head of the central system impossible; it being already so onerous and responsible that few women would have the constitutional powers sufficient for the work in a large hospital.

In all these systems, it is by their practical application to the needs of the patient, and in the carrying out the desires of the medical staff, that "systems" must be judged. If a "system" be worshipped and believed in as a substitute for efficiency, then a grave error is committed; and, while in the *régime* of a sisterhood there is much to attract the sentiment of the public and the sympathies of the benevolent, yet it is very apt to degenerate into routine, and the mode or manner to take the place of patient in their thoughts.

Probably, none of the nursing systems have hitherto arrived at the highest state of efficiency. Some have aimed too high; some have failed from want of thorough training; most have omitted to take advantage of mechanical helps; others have studied sick dietary too little. Probably, we medical men have not done as much as we could have done in the matter, and, engrossed with more difficult problems, have somewhat overlooked this very important subject.

RHODES'S AUDIPHONE.

By JAMES SAMUELSON, Esq., Claughton.

DURING a recent visit to the United States, I purchased one of the audiphones which are attracting so much attention in that country. The following account of the instrument will be interesting.

The audiphone resembles a fan in appearance. It consists of an elastic or resilient plate about ten inches square, which resembles ebonite in appearance, but is in reality a plate of white composite metal japanned and burnished. It is mounted on a black handle of ebonite; and, by means of a cord and tassel, it is capable of being bent to any curve, in which it is retained by a neat clamp on the handle, through which the cord passes.

Fig. 1

Fig. 2.

Fig. 3.

Fig. 1 shows the instrument in its ordinary condition; Fig. 2, when it is curved; and Fig. 3 shows its application. It is placed against the upper row of teeth, and the speaker speaks against it. The audiphone acts as a sound-board, and the sound is carried through the upper jaw to the auditory nerve. It should be held tolerably far back, and the edge of the plate should rest between two teeth on each side of the

jaw. The inventor claims more for it than I find it from experience to accomplish. I have tried it in public three times, and several times in private—in all, upon thirty or forty persons of varying degrees of deafness arising from a great variety of causes; and, although I should not wish the following to be considered as a scientific or conclusive report upon it, I think it will be found pretty accurate.

Of course, if the auditory nerve be atrophied or diseased in any way, no result is obtainable. Where the hearing comes and goes—to speak popularly—it does not seem to be of much benefit. In many cases, the trumpet appears quite as efficient as the audiphone. But then the following consideration occurs: the patient has become accustomed to the use of the one instrument (the trumpet), whilst the other is only tested for the first time. I have, however, found cases in which the patient could not hear any one through the trumpet excepting some person with whom he is in the habit of speaking constantly, whilst his face brightened up when I spoke to him with the audiphone, and he answered me promptly and accurately. In one case, that of a well-known public man in Liverpool, the result has been very striking. He considers that the lost sense of hearing is restored to him through the audiphone, and has ordered a couple from the makers; but meanwhile he has purchased a large flat ivory paper-knife, and he tells me that it is a great enjoyment to him, whilst he is reading his newspaper, to place one end of the blade in his teeth and the other on a musical box, the tunes from which are clearly audible.

It is difficult to say in what affections of the auditory apparatus the audiphone is of the greatest use. My impression is that, when the tympanum or the bones of the ear are so much injured as to produce almost complete deafness, the audiphone is the most efficient, as all external sounds are excluded; but then, again, the condition of this part of the mechanical apparatus may affect the whole auditory system, and in that case nothing is gained by the use of the instrument. Temperament has something to do with the matter. Some people are very stupid, or expect too great results at once. They think that, as soon as the audiphone is placed against the teeth, their old faculty should return at once; and I have known the same persons tell two completely opposite stories about the result of the experiment upon them, to two different friends.

One thing is certain: if a hearing person exclude sounds from his ears by means of cotton-wool, he can, as a general rule, hear fairly well by means of the audiphone, without any effort of the speaker's voice. It seems to me that aurists and teachers of the deaf will be very much benefited by the invention: the former, through being able to use it as an instrument for diagnosis (I believe the ticking of the watch is largely used already); the latter, where the child is deaf from some injury to or imperfection of the mechanical portions of the auditory apparatus. The whole thing is quite in its infancy.

GRAYDON'S AUDIPHONE.

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I HAVE been much interested in the accounts of this instrument, some details of which appeared in the *JOURNAL* of December 20th, as I have been working in the same direction the last two years, and with some encouraging results. My object, like that of Mr. Rhodes, has been to substitute for a defective middle ear some mechanical means which would do the duty of the membrane and chain of ossicles; that is to say, to conduct the sound-vibrations of the air to the fluid of the labyrinth without the great loss which ordinarily occurs when the sound-waves pass from a gaseous to a fluid medium. Up to the present, all the aids to hearing have been designed either for collecting the sound-waves and directing them to the membrana tympani, like the ear-trumpets and tubes, or simply for magnifying sounds like the microphone.

My little instrument is composed of a vibratory drum, of the size and construction recommended by Professor McKendrick for the phonograph, with a convenient handle for the listener to hold. This drum has attached to its centre on one side a style, longer than that for the ordinary phonograph and tipped with boxwood; from the other side proceeds a speaking-tube. Now, if a very deaf person (it must be external or middle ear deafness) hold the boxwood tip to one upper tooth, or to the mastoid process, he can hear a whisper spoken through the speaking-tube, the sound-vibrations being conducted through the skull to the external ears.

So far, this instrument is successful, and the proposition is solved; and as, at least in nine-tenths of the cases of deafness, the internal ear is quite unaffected, I thought at first it was a complete success; but