

such a Home must, nowadays, be fitted with every necessity for medical and surgical treatment. The various first-class Homes which are so equipped, have in the last few years greatly raised the standard necessary to satisfy the public, and in the keen competition which exists amongst most of them, only those which are organised on such a scale can hope to be successful.

Taking London as an illustration, the rent of the house is the essential and great, fixed, expense, and, as a general rule, seeing that the Home must be situated within a short distance from the residences of the physicians and surgeons who employ it, it may be accepted as a fact that the rent will vary between £250 and £500 a year, according to the amount of accommodation obtained. As a broad principle, it may be taken for granted that it is wiser to have too many bedrooms than too few, because while at some seasons of the year there will be a large number of patients, at others there may be very few, and therefore the general average of admissions will be raised or lowered according to the greatest possible number who can be admitted at any one time.

The cost of thoroughly equipping a first-class Home, with the addition, for example, of extra baths and other necessary fittings, in London, can hardly be estimated at less than an average of £100 per bed prepared for patients, so that if accommodation for twelve patients is obtainable, the initial outlay for furnishing and fitting the Home cannot safely be placed at less than £1,200.

Then it is essential that the beginner should understand that progress will probably be gradual, that she will have to meet keen competition from those already in the field, and that physicians and surgeons will naturally not transfer their patronage to a new institution from a Nursing Home with which they are, and may for some years have been, very well satisfied. Consequently, the beginner should be able, and would be wise to expect, to lose money for at least a year; and she would be prudent, therefore, to have in hand her expenses for the first year, at any rate, before she commences her experiment. According to information which we have received concerning many Nursing Homes, this inability to wait for success has been the rock on which the majority have foundered.

But presuming that the Home is started, and its future for at least one year safeguarded, its progress will then depend entirely upon the support which it receives from medical men, for in this matter the public hardly count at all. We know of one large institution in London which has been in existence for a number of

years, and to which about eighty medical men, on the average, send patients every year. Yet it is only able to keep an average of twenty-four beds occupied, and at the end of the year it only shows a very small margin of profit. This institution finds it necessary to constantly advertise, which of course is a considerable source of expense. On the other hand, we are acquainted with another Home which only receives patients from about a dozen medical men. But it has no necessity to advertise, and its beds are generally all filled.

The crucial point, therefore, is whether or not a Home Hospital can obtain sufficient medical support to keep its rooms occupied. If not, the fixed expenses of rent, rates, taxes, salaries, and so forth, are so great that there will either be no profits, or the expenditure will even exceed the income, and the end of that establishment is then only a question of time. We would, therefore, earnestly advise any of our readers who desire to open such a Nursing Home to count most carefully the cost beforehand; to realise the great initial expenditure which is necessary, and, above all, to refrain from making the attempt unless they can secure definite promises from leading medical men that they will send to the Home a sufficient number of patients to keep the bed fairly occupied week after week and month after month.

THE MIDWIVES BILL.

THIS long-promised measure has at last been introduced into the House of Lords by Lord Balfour of Burleigh, and it is expected that the second reading will be taken this week. The Bill, we are informed, practically consists of the clauses which we published and commented on, in these columns, some two months ago. It is understood that a very powerful medical opposition is being organised against this measure, and that it is regarded as certain that even if the House of Lords should pass it, the Bill will not be able to advance any further. The statements and figures which have been made in the public press, and elsewhere, in support of legislation for Midwives, have been completely traversed in the professional press, and it is necessary that the public should understand that they have never yet been definitely substantiated. It is freely admitted by medical men that there is the greatest necessity for reform. It is in the adoption of a remedy that the two sides differ. Medical men urge that it will only accentuate the existing evils if Parliamentary sanction is given to the practice of unqualified Midwives, because the poor will thus be deluded into believing that these women are skilled practitioners. They urge instead that Nurses should be thoroughly trained to take the work at present so inefficiently performed by Midwives, and that the former should work directly under the control and with the assistance of medical practitioners.

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