Thomas's Hospital the beds number 570, the inclusive staff 161, which makes the proportion In the Edinburgh quite one to 31/4 patients. Infirmary where there are 780 beds with an average of 711 occupied, the nursing staff is 195, making an average of one nurse to four beds, and rather less per patient. The Royal Infirmary, Glasgow give almost the same proportion with 582 beds, an average of 555, occupied and a nursing staff of 142. The Western Infirmary, Glasgow. with 420 beds and a nursing staff of 128 gives a little better proportion. The Mater Misericordia Hospital, Dublin, with 338 beds and a nursing staff of 152 gives a proportion of one nurse to 2½ patients. The General Hospital, Birmingham with 346 beds and an average of 269 occupied has a nursing staff of 102 nurses, giving an average of one to just over three beds and one to 23/4 patients. Leeds General Infirmary with 402 beds has a staff of eighty-three nurses giving an average of one nurse to four patients. The smaller County Hospitals whose beds are under 150 seem all to range about a proportion of one nurse to

four patients. In the Infirmaries and Hospitals under the Poor Law the proportion of numbers is curiously different. In Bethnal Green Infirmary the number of beds being 669 with an average of 520 occupied, the number of the nursing staff is eighty, giving a proportion of one nurse to 61/4 patients. In the Lewisham Infirmary the number of beds being 400, with an average of 250 occupied, the average is one nurse to almost seven patients. Both these Infirmaries are in the London district. In the Poor Law Infirmary, Birmingham, with 1,540 beds and an average of 1,131 occupied, the nurses' staff gives an average of one nurse to ten patients. At Salford, near Manchester, the Poor Law Infirmary has 800 beds and has also an average of one nurse to ten patients. Hospitals under the Metropolitan Asylums Board the proportion is better, being about one nurse to three, or in some four, patients. The difference in proportion of patients and nurses in Hospitals and Poor Law Infirmaries does not imply a corresponding lack of efficiency. Hospitals and Infirmaries supported by voluntary contributions are increasing. Occupied by patients suffering from acute disease, their aim is to treat as large a number of patients as possible in as short a space of time as they can, compatible with efficiency, while the Poor Law Infirmaries have a large number of chronic and infirm cases whose condition does not call for such constant attention on the part of the nurse. I mean that a larger proportion of patients per nurse may be efficiently attended to in a Poor Law Infirmary than in a Hospital in consequence of the chronic character of many of the patients.

It seems to me that the maximum number of nurses necessary for efficiency must be reached or overstepped when the proportion of nurses is one to two patients or just under. This large number of nurses connotes a proportionate number of ward-maids, servants, and cleaners, and brings the whole female staff to a proportion of one to 11/2 and on 134 patients and makes the cost of the nurses and domestic department enormous. In the large hospitals the average cost of the nurses ranges from  $\pounds$ 40 to  $\pounds$ 63 per annum; in the smaller general and special hospitals it ranges ranges from  $\pounds$ 40 to  $\pounds$ 63 per annum; in the Hospital quoted, and that is the Dumfries Infirmary, which has an average of forty-six beds occupied, a nursing staff of fifteen, costing £42 per nurse per annum. In the Belfast Royal Victoria Hospital with 189 beds and a nursing staff of fifty-five the average cost is £63 for each nurse, this is exclusive of service, which I cannot find estimated anywhere, but on a rough estimate made by myself, I think if we counted £4 10s. per nurse per annum, bringing the cost per nurse from £63 to £67 ros. per annum, we would include service, an amount which either when paid out of the rates or met by voluntary subscription should not, I think, be exceeded.

The average cost per head per patient is almost as varied as the cost and number of nurses. The London Hospital costs 5s. 2d., Middlesex 5s. 0½d. while St. Thomas's costs 6s. 0½d. Leeds General Infirmary costs 3s. 1¾d., and the Royal Infirmary, Bristol, 2s. 1od. In the Metropolitan Asylums Board Hospitals the cost per patient per day is about 4s. 1od. or 5s. This calculation includes not only the actual maintenance of the patients, but salaries and maintenance of officials, furniture, earthenware, stationery, insurance, and the upkeep of the institution. It must be borne in mind that that is per patient, not per bed, and that the average stay in Hospitals of the patients varies considerably; the greater number of patients the less will be the average cost of each. As, for instance, the average of the London's is three weeks, the average at S. B. H. is four weeks.

Of London Hospitals, the majority have an expenditure of over  $\cancel{\cancel{L}}$ ,70 a bed. The Scottish hospitals are about  $\cancel{\cancel{L}}$ 50 a bed, the Irish  $\cancel{\cancel{L}}$ 40, and the Provincial about  $\cancel{\cancel{L}}$ 50. In London there are about six general hospitals that have an expenditure of over  $\cancel{\cancel{L}}$ 100 a bed.

The administration of the funds of the large hospitals is becoming more and more difficult as the expense of each department increases owing to the much greater regard being paid to the individual needs of the patients and their more scientific treatment. There must be some limit to the money obtainable for charity, and there should be some limit more stringent and effective previous page next page