

much better," &c. Now this diffidence is very charming in its way, but we would advise our readers to try and overcome it, and send us in a case for competition before the 1st of May.

We gave some hints in the Editorial of our issue of February 23rd concerning the simplest method of taking these notes. No notes are of any use from a *Nursing* point of view which do not record daily—temperature, pulse, respiration, character of urine and fæces, food taken, sleep, the medical treatment and the general condition of the patient.

THE resignation of Miss Philippa Hicks as Lady Superintendent of the Nurses' Co-operation, New Cavendish Street, will be received by the members with something like dismay, and it will be acknowledged that it will be somewhat difficult to replace so efficient an officer. Miss Hicks has worked indefatigably in the cause of the Society, and has done much to make it the successful organisation which it has so rapidly become.

We hear that the salary is to be reduced to £200 a year, and that it is considered desirable that the lady appointed should have had some experience in private Nursing. In our opinion it is even more important that so responsible a position, necessitating as it does personal intercourse with all sorts and conditions of men and women, should be held by a woman (a trained Nurse of course) of liberal education, and possessing above all things a wide knowledge of the world and its ways,

A CORRESPONDENCE of interest to a certain section of trained Nurses has been taking place in the *British Medical Journal*, headed "Paying Hospitals," which was opened by a letter from Dr. Wilmot Herringham, in which he makes the suggestion that these establishments should provide for middle-class patients at small prices. To show how much medical men study domestic economy, we republish a letter from Dr. George Herschell in reply to that of Dr. Herringham; it is "childlike and bland."

"SIR,—I quite endorse everything that Dr. Herringham has said in his letter. We want Nursing Homes, not Hospitals, where patients can be taken in at two guineas a week, and attended there by their own private medical attendants. The lowest charge at existing Nursing homes is five guineas a week, and this is quite out of the power of a clerk, unmarried, and earning, let us say, £200 a year, to pay. He is thus driven to enter the pay hospitals which compete with the general practitioner. Such a patient could well afford to pay the customary medical fee of

his ordinary attendant, and two guineas a week for the Nursing and accommodation. A home of this description might be started in every district of London by the co-operation of the medical men in that district, and, if properly worked, would pay a decent interest upon the money invested. Money placed in such a scheme by a local medical man would be well invested, for not only would he receive at least the current rate of interest upon it, but he would be spared the chagrin of seeing his middle-class patients when seriously ill pass out of his hands into some charitable institution. One reason why fees are so high at a Nursing home is that the proprietors who live out of it must make at least 50 per cent. upon the money invested to enable them to do so.

This would be avoided at a co-operative Nursing home. It might be arranged that the subscribing medical men had the first right for beds, and after that the patients of non-subscribing medical men of the district could be accommodated if there was room. If fifty medical men in a district took each a £10 share, £500 would be raised. This would be ample to furnish and equip a house large enough to hold fifty patients, and surely the aforesaid fifty medical men could always manage to keep, let us say, forty patients in the home between them. This would bring in an income of £4,000 a year, amply sufficient to keep the concern going, pay a handsome dividend, and put away a fund against future emergencies or slack time."

We quite recognise the necessity of providing skilled Nursing for the lower middle classes, who are, of all sections of the community, the worse nursed, because they are ineligible for admittance to charitable institutions, and they certainly cannot afford to pay a fair price for professional nursing; but how to manage it is a difficult question.

First with regard to the weekly payment of £2 2s. a week for the following items in London where rent, rates, taxes, and living is high:—board, lodging, fires, lights, washing, service, depreciation, dividend, and—oh! yes, nursing, but the latter is a bagatelle—all, all, for the lordly sum of six shillings a day.

How to work out this little arrangement becomes as entrancing as a Chinese puzzle. Let us see. Lodging 1s. a day (the "doss house" charges 2d., but then no covering to the bunk is allowed). Board, say, early cup of tea, breakfast, beef-tea, luncheon, afternoon tea, dinner, night cap, night tray (our comfortable middle-class patient likes his pound of flesh). Cup of tea 1d., breakfast 4d., beef-tea (best gravy beef is 9d. a pound and one pound goes to the pint—dear, dear, this is a terrible item!) 4d. at least, with water and kitchen fire, and saucepan, and boy to get the coals, and girl to clean the pan, and cook! But to proceed: luncheon 9d., afternoon tea 3d., dinner 1s. (can it be done?), bread and milk or arrowroot 2d. (no invalid can sleep on an empty stomach), night

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