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Editorial.

THE ECONOMY OF AMALGAMATION,

The maintenance of small hospitals is proverbially expensive in proportion to the number of beds in comparison with that of larger institutions. The reason for this is simple: the cost of administration is necessarily greater. Take an extreme instance, that of a cottage hospital of four to six beds, and consider the cost from a nursing point of view. Such a hospital will require a Matron and a fullytrained nurse, and the domestic staff should comprise a cook, and a housemaid who will also act as ward maid. For a hospital double the size, with the addition of another nurse an adequate staff would be provided, and the cost of administration proportionately lessened.

The same thing holds good in regard to larger hospitals. Whether a hospital contains 50 or 200 beds, it will require a Matron and a Secretary, a Night Superintendent, and the usual nursing and domestic staffs. In the case of the three officials first mentioned, it will be seen that, with possibly a small increase of salary, the cost of the larger hospital is the same as the smaller, as these officers can adequately superintend their respective departments in the larger hospital without further assistance. The cost of their board and lodging is, of course, the same in each case.

It is well that these facts should be borne in mind, and that efforts should be directed to the amalgamation of small hospitals where such joint action is possible, and we therefore welcome the movement for the amalgamation of the three Metropolitan Orthopædic Hospitals—the Royal, the National, and the City. The suggestion is ϵ specially feasible because in the case of orthopædic patients they are as a rule in their usual condition of health when admitted for treatment, and therefore there is no urgency for the provision of hospitals in the near neighbourhood of the patients they serve, as in the case of accident hospitals, where speedy treatment is of importance. Indeed,

orthopædic hospitals appear to us to belong to that class which might with advantage be removed from crowded areas to districts where the patients, while enjoying prolonged rest (r surgical treatment, can have the benefit (f pure air and healthy surroundings. One can imagine, for instance, that the congested district of Hatton Garden is not an ideal position for an orthopædic hospital which receives many ' patients of a strumous diathesis.

It is, therefore, to be hoped that the pro-The posed amalgamation may take place. King's Hospital Fund Committee is prepared to give a grant of $\pounds 10,000$, with an additional grant of £2,000 annually for three years, this should assist the Committees and of the institutions concerned in arriving. at a decision. Another point which must not be lost sight of in regard to amalgamation is that in large institutions it is easier to obtain the services of well-qualified nurses. It is, of course, a recognised rule that all Sisters in charge of wards should be fully-certificated nurses, and there is no difficulty in obtaining the services of such in this capacity. But the nurses of special hospitals have often had no previous training. In days to come we hope that special hospitals of all kinds will so come into line that they will provide educational facilities for nurses who have been trained in general hospitals Such an arrangement would. be of mutual benefit to the nurse and the institution concerned. The nursing of certain classes of cases is best taught in special hospitals. It is fairly certain, for instance, that with orthopædic cases under the care of the same surgeon in a general and in a special hospital, the best results are obtained in the latter institution; but if the special hospitals are to be nursed on an ideal plan this would be to employ only nurses with previous training, working under experienced Sisters, who will profit by the opportunities afforded them, while the quality of the nursing in the institution will certainly be raised.



