

quite exploded, by the undeniable fact that the best discipline was to be found in the best training schools, where the professional position of nurse and doctor was most clearly defined, with the result that the work was quite harmonious. The position of the Matron must be always more or less an isolated position, and her conduct an example to Sisters and Nurses, so that sympathetic co-operation for the advance of their profession of the Matrons was a most happy augury for themselves, if it brought them into kindly and helpful relations.

Miss Poole (Blackburn) remarked that although the difficulty of hospital Matrons finding time to meet and co-operate, was a very real one; still, all would agree that such meetings were greatly needed, and the beneficial results of experienced workers meeting together to discuss questions of professional interest and discipline could not be over estimated. Country matrons met numerous difficulties in the daily routine of their work, which might not be the experience of Metropolitan Matrons; the question of the selection of Sisters, the extension of the course of training, and how to maintain a trained staff, the promotion of nurses as soon as certificated, causing a constant depletion of the skilled staff, were all questions of practical difficulties, and it was in solving these practical questions that discussion and advice was necessary. Miss Poole contended that good discipline could only be maintained by the Matrons being placed in a position of authority, and directly responsible for the conduct of the Nursing department to the Committee. The selection of Sisters and Nurses, after a few minutes interview by a Committee of gentlemen, must inevitably result in failure to establish a well organized and suitable working staff.

Miss Huxley (Dublin) and Mrs. Andrews (London) both spoke in appreciative terms of Miss Mollett's able paper, and urged that the Matron must be the responsible head of the Nursing department.

Mrs. Walter Spencer (London) remarked that her nursing experience having fortunately been gained in a hospital thus organized, no other system seemed possible to her.

Miss Mollett briefly replied, and said she had experienced but little difficulty in disciplinary matters, having always been accorded, even under the Poor Law, a just measure of authority as the head of the nursing department.

#### HOME HOSPITALS.

By MISS ELINOR PELL-SMITH, Matron of the Home Hospital, De Montfort Square, Leicester.



MISS PELL-SMITH.

"Madam Chairman, and ladies, you will see from the syllabus, that I have taken the subject of Home Hospitals for my paper. Home Hospitals are in their infancy, as it is only within the last decade, that the need for them has created the supply. Formerly, there were but few of these institutions in London, and in the majority of large country

towns they did not exist at all. From the number there are now we may conclude, that, in spite of much adverse criticism, Home Hospitals have come to stay."

When we speak of Home Hospitals, we mean houses, the arrangements of which are so combined as so enable the patients who go into them to receive, not only the highest surgical and medical treatment, with the efficient nursing which is to be obtained in General Hospitals, coupled with the advantage of the discipline that is in vogue there, but also the comforts, without the drawbacks, of home life."

If I were asked of what does Home Hospital work in the abstract consist, I should unhesitatingly reply, 'A mass of details.' For to no work are the lines more applicable. 'A little thing is a little thing, but little things, well done, make a very great thing,' than to the daily routine of a Home Hospital. Therefore, I am encouraged to try and place some of these details before your notice.

It will, perhaps, simplify matters to consider our subject under the following three heads:—

- I. The Building necessary.
- II. The Staff to work it.
- III. The Patients.

#### I.—THE BUILDING.

The chief points to be considered are:—

1. Perfect drainage and water supply.
2. Good aspect, so that a corner house, where it is possible, to have two windows in the rooms, one with north-east aspect, the other south-west, is good.
3. Wide Staircase.
4. Walls painted, or done with calcarium, a preparation that bears washing over once.
5. Highly-polished floors, inlaid, or covered with linoleum.
6. Strong, yet pretty furniture.

Few private houses are adapted for nursing requirements, but much can be done to make them fit; but this should be borne in mind, it means expense, not only at the outset, but in keeping up.

#### II.—THE STAFF.

As at present constituted, patients in Home Hospitals choose their own medical attendant, the relation of the Medical Profession to Home Hospital is one of great public importance. Whether or no, medical men should be financially responsible is a question worthy of discussion, but in my opinion I think they retain a position of independence with their patients when their relations with the public are strictly professional and non-commercial. On the other hand, I am sure it is the duty of medical men to make themselves acquainted with the details of the management of any institution which they recommend to their patients.

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