

The Nursing is undoubtedly best carried out on the same lines as in a General Hospital, and it is of paramount importance that the Superintendent should herself be a highly qualified nurse of large practical experience. Under no other arrangement can the nursing be efficiently performed. This matter lies in the hands of the doctors, because if they were particular to arrange that their patients should not go to any home where the Superintendent is untrained, such houses could not exist. It is quite as wrong for cheap philanthropy to be exercised where the rich are concerned as the poor, and it is very cheap philanthropy, indeed, which sanctions a person taking up a work for which she has had no previous training, in which the life and death of a fellow creature may be at stake. The Superintendent's duties are not confined to nursing, but include book-keeping and housekeeping under the most comprehensive sense, from knowing when coals should be stored, the water cisterns cleaned, to managing a bank book, and understanding that the rates and taxes are fair and just. I mention this to shew the *necessity* for women undertaking such posts to have a thorough grasp of business in all its entirety.

I consider that, on principle, the nurses in a Home Hospital, where the patients pay for their attendance, should be certificated, after a three years' training; but the style of nursing, which is quite essential in a well organized Home Hospital, is certainly very different to that for which there is time in a large general ward. The nurse must not only be thoroughly qualified and extremely skilful, but a well educated and cultured woman.

In the working staff, of course, I include the servants. I do feel strongly that for the true well being of a Home Hospital, and essential to its successful working, it must never be forgotten that the work of *each one* is more valuable than any other in certain relations.

III.—THE PATIENTS.

Coming into a Home Hospital is invariably a terrible experience. It means that patients have to undergo operation and suffering which may only relieve and not cure their disease. You may ask what are the benefits of a Home Hospital? The three principal advantages I would say are (1) The doctor's treatment is skilfully carried out. (2) The absolute surgical cleanliness, so important in the treatment of the sick is ensured. (3) The patient receives moral support from the professional environment of the Hospital.

THE FINANCIAL ASPECT.

Expense.—That word might well be written in capital letters, for the expenses of a Home Hospital are enormous. Trained nursing alone is very costly, in addition to a good domestic staff.

Rent, taxes, house repairs, the keeping up of stores, linen, etc. Laundry is another serious item, to say nothing of the food, invalid's diet, and, what is so often lost sight of, the night service, entailing extra meals, gas, fires, etc.

I would suggest, so that we may have a full and valuable discussion, that the following points should not be lost sight of:—

1. The use and abuse of Home Hospitals.
2. The Financial Aspect in connection with their foundation and up-keep.
3. The importance of very wide professional experience of the Superintendent owing to her responsible position.
4. The best way of nursing paying patients in a satisfactory manner, at the same time arranging the work and recreation of the nurses on a just and humane basis.
5. The reason of adverse criticism of Home Hospitals.
6. Their future development.

DISCUSSION.

Miss Isla Stewart, the Chairman, in inviting discussion on Miss Pell-Smith's paper, remarked that she had learnt much, as she had no personal experience of the management of a Home Hospital.

Mrs. Andrews (Gordon House) said that in the selection of a house for the purpose of a Home Hospital, it was absolutely necessary that it should be in a medical district, and as close as possible to those medical men who used it, and she agreed with Miss Pell-Smith, that construction, aspect, drainage, and quiet were indispensable. She strongly condemned the suggestion that medical men should have a financial interest in Home Hospitals; the average charges of the rooms were printed and at their disposal. But it appeared to her that the medical man's duty was to convince himself that his treatment was skilfully employed, and that the general arrangements and nursing were satisfactory, he could always represent matters of which he did not approve to the responsible head. On no other system could the superintendent of a Home Hospital be free to conduct the nursing, or to refuse patients. She strongly depreciated the suggestion that medical men should exercise any authority as to the fees charged. Mrs. Andrews said that by far the most important person in a Home Hospital was the cook; the paying patient thought lightly of skilled nursing—nothing of expenses—but good food was indispensable, if he was to be satisfied.

The Superintendent herself must be a trained nurse, and a regular permanent staff of nurses, under the control of the superintendent, maintained, as it was the only method of nursing, and the details of management were so numerous that the superintendent must personally inspect and control every department. No one who has not worked in this special branch of nursing could possibly realize the arduous nature of the duties.

Mrs. Bedford Fenwick—speaking with seven years' practical experience of Home Hospital management—said the first essential was plenty of capital. Money was a fine lubricant, and the reason of the non-success

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