

of many Home Hospitals was the limited banking account. The use of these homes, when properly conducted, was undeniable, the abuse of them arose from just causes. It was a fact that half the so-called Nursing Homes in London were conducted by untrained women, who with a false sense of the value of skilled labour, flattered themselves that their social position was better as the head of a Nursing Home than as the manageress of a Boarding House. Homes thus conducted were merely expensive nursing lodgings, and not Home Hospitals at all, devoid as they were of efficient and trained superintendence. The untrained women who thus assumed this grave responsibility did not hesitate to admit patients for the most serious operations, and charged for the nursing of such, the highest fees. Mrs. Fenwick claimed that the very first essential for the good management of a Home Hospital was that it should be under the personal direction of a lady who must combine an extensive knowledge of nursing with sound common sense and a knowledge of housekeeping and business. She agreed with Mrs. Andrews as to the paramount importance of the cook.

Mrs. Fenwick stated that she considered medical men were primarily responsible for the numerous scandals in connection with Home Hospitals which the press had made public of late, because they had no right to send their patients into a Home Hospital which had not a professional and very experienced trained nurse in charge. She considered that medical men should be as careful to place their patients under professional nursing care, as they were in regard to consulting concerning them with qualified medical practitioners. The fact that the widow of a colleague, or a sister, a cousin, or an aunt, was in charge of a so-called nursing home, was not a justifiable reason for medical patronage. Business and charity were best dissociated. She also thought it was distinctly unprofessional for medical men to "run" Nursing Homes, especially as the plan was to cover some unfortunate woman, who did all the work, and received little of the profits. Very high fees were charged in such institutions, and the arrangements were often of a defective nature; the nurses sleeping in the rooms with the patients, and thus being kept on duty the whole twenty-four hours round.

Miss Pell-Smith had next touched on the necessity of just organization in a Home Hospital, so that the nursing staff should have time for rest and recreation. This was most necessary, as paying patients were proverbially exacting, and were liable to look upon themselves as the first and only patient. Under no circumstances should a nurse sleep in the patient's room; it was a dirty and demoralising custom.

Referring to the custom in vogue of beating down the prices in Nursing Homes, Mrs. Fenwick told an amusing little story of a gentleman who, pleading poverty, was admitted at a non-profitable fee. He arrived with valet in a brougham and pair, followed by the butler in a second carriage and pair in charge of the luggage, his wife bringing up the rear with prancing ponies and a "tiger." After admission this titled person informed her that his appetite was capricious, and that he could only eat oysters, and he liked a dozen natives for luncheon and dinner, poultry, sweet-breads, game, and a gill of cream daily, etc., were also to his taste. After tottling up the daily cost of this regimen, it was

proved to him that his diet alone cost more than he paid—omitting trained nursing, domestic service, lodging, washing, fires, lights, etc. Upon leaving the Home, he departed with the same imposing cavalcade, and left a message with the nurse "that he had taken his dressing mackintosh and would return it when used." In forwarding the account, Mrs. Fenwick debited, "to mackintosh abstracted, 10d.;" and it was ultimately paid for.

Mrs. Fenwick said that the duties of the Superintendent of a Home Hospital were so arduous that a profit of from £500 to £1,000 a year should be made, as no woman could continue the work for many years, and they should be utilised as Schools of Home Nursing for certificated nurses, as the refinement necessary in private nursing could be thus acquired. Nurses who went straight from a busy general hospital ward required quieting down before they understood nursing in private houses where the patients naturally required much more personal attention than could possibly be given in the time available to patients in a general ward.

In reply, Miss Pell Smith expressed her indebtedness to the medical men with whom she had been associated in Home Hospital work. She was bound to own that although her Home had paid its way, she had not made it profitable, but she hoped to do so to a certain extent in the future; she had had much happiness in the work, and very little adverse criticism. Before taking a Home Hospital, a woman should make sure that this difficult branch of work was her vocation.

AFTERNOON SESSION, JUNE 15th.

The Chair was taken by Miss Mollett (Southampton), and Mrs. Bedford Fenwick read the following Paper, contributed by Miss Maud Greenhough Smith, late Matron of the Royal Infirmary, Bristol, on

THE TRAINING OF MALE NURSES.



MISS MAUD SMITH.

"The choice of the title, 'Male Nurses,' as a subject for a paper, among others, to be discussed at this Conference, recalls to mind the Irishman, who was asked to write an essay on 'Snakes in Ireland.' His essay was soon finished, and was found to have completely exhausted the subject. It consisted of the words, 'There are no snakes in Ireland.' And we might sum up as briefly, 'There are no Male Nurses in England.' The first question that naturally suggests itself is, 'What advantages would be gained by training male nurses?' And falling back upon the general principle that the demand creates the supply, we may imagine that there being apparently no demand at present for male nurses in England, it would be useless to try and create a supply, and that even supposing that male

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