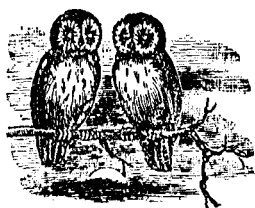


Matrons in Council.

Home Hospitals.*

By MISS ELINOR PELL-SMITH,
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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 to 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.

At first sight, the description of this seems simple enough, but my perplexity is very real as to the possibility of making any presentation of this subject not altogether worthless, for after some little experience in Home Hospital work, I am deeply impressed with the immense importance of this particular branch of nursing, being, as it is, full of possibilities and capable of such immense developments, yet withal, bringing in its train, enormous responsibilities. At the same time 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.

If I fail in accomplishing the task of laying the subject of Home Hospitals before you in all its importance, believe me, it is from no lack of material, but personal inability, a deficiency which one can but trust will be supplied ere long.

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.

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I.—THE BUILDING.

Now, it is one thing to know what you want; but quite another, as you are probably aware, to get it. So, while the ideal building is still in the future waiting for bricks and mortar, we have to content ourselves with the most suitable house that can be obtained, a great difficulty about it being the number of rooms required.

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—and 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 Hospitals 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. The medical attendant should know the regular prices charged to patients, the quality of service, both nursing and domestic, which his patient will receive as an inmate of the Home. Men naturally know very little of practical domestic management and its cost, their simple duty, as a rule, being to sign cheques for lump sums. Unless details are placed before them, they would not estimate the very large outlay required in the management of a Home Hospital. It is well that the medical practitioner should realise how costly trained nursing is, also that Home Hospitals must be organised on just and humane lines both to patient and nurse; and, therefore, it is impossible that the nurse can either remain on duty twelve hours continuously, day after day, or that she can be kept on duty night and day by sleeping in the patients' room.

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