

and should not be aggravated by fret and worry. A little common sense brought to bear on all the daily duties will work wonders.

For the well-being of the public the use of Home Hospitals cannot well be over-estimated in the curriculum of nurse training, because nursing in private houses is so very different to the quality of nursing in Hospital, that it appears nurses should not go straight from the bustle and routine of a busy Hospital to private nursing. Refinement, quietness of manner, and the necessity for the nurse to be companionable during convalescence are almost impossible for her to acquire in a busy Hospital ward. Entirely different qualities are brought out in Home Hospital nursing to General Ward nursing.

III.—THE PATIENTS.

Coming into a Home Hospital is invariably a terrible experience. It means, to the patients, that they have to undergo operation and suffering which may restore them to health, but which may only relieve and not cure their disease.

Still patients may realise, what Canon Scott Holland expresses, when he says, "How high is the call. It is a trumpet speaking to us that cries aloud. It is your turn, endure, play your part as they endured before you, so now close up the ranks, be patient and strong as they were. Since Christ, this world of pain is no accident, untoward, or sinister, but a lawful departure of life with experiences, interests, adventures of its own, these are all thrown open to us as we pass the gates within, things that we could never learn or see as long as we were well. . . . this world, now open to you, a kingdom regal, royal, wide, and glorious."

So it behoves us to lighten their burden for them. Much can be done by a courteous and homely welcome, in the pretty arrangement of their rooms, with flowers, etc. And an appetising meal daintily served goes a long way, in many instances to reconcile a stranger to new surroundings. Now you may ask, what are the benefits of a Home Hospital? Are not people better tended and nursed in their own homes, surrounded with friends whose only wish is to minister to them? To this I emphatically answer, No! Of course, there are exceptional cases which are best attended to at home, but for the majority of surgical patients, especially when operations are to take place there can be no question. The three principal advantages I would say are:—1st, the doctor's treatment is skilfully carried out; 2nd, the absolute surgical cleanliness, so important in the treatment of wounds is insured; 3rd, the patient receives moral support from the professional environment of the Hospital.

To start a Home Hospital requires some courage. It should not be undertaken lightly, nor

unless one is possessed of a somewhat sanguine temperament, and is convinced that this sphere of work is one's vocation. I remember one of the most helpful pieces of advice I received on starting my Home was in a beautiful church, the memory of which has always acted as a moral shower bath, keeping one duly humble. It was to this effect: "The doctors' approval shews that it is a reasonable project, and one that will, no doubt, succeed in time, but I think you should be prepared for the fact, that it probably means two or three failures first." "You mean" I replied, "that I shall lose all I have." "Yes," was the answer. Having no desire to prolong the conversation, I left. Afterwards, the thought occurred to me: this building, now so grand and beautiful, has a foundation made of beginnings, so that remark proved a great incentive to me. 1. Not to be discouraged or surprised if failure overtook my efforts. 2. To try, if possible, to avoid that failure, as it seemed to be expected. So, with that end in view, I visited Homes in London, Birmingham, and Liverpool, everywhere meeting with the fullest help and sympathy, and explanations of expense and working.

THE FINANCIAL ASPECT.

Expenses! 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, invalids' diet, and what is so often lost sight of, the night service, entailing extra meals, gas, fires, etc. It would make this paper too long to go into particulars as to the number of nurses required, so, taking all this into consideration, the public must surely understand that their sojourn at a Home Hospital cannot be a cheap experience, as far as money is concerned.

What I confidently look for now is, that in time, not only every town will have a Home Hospital, such as we are discussing, but one on a larger scale, thus reducing the initial expenses, and I hope to see the day when efficient Home Nursing will be within the reach of persons with limited means. But it would certainly be helpful if this meeting would suggest any means by which a minimum cost could be defined per patient.

Naturally the locality of a Home Hospital must be taken into consideration in arriving at a decision. The West End of London being, of course, much more expensive to live in than a country town, especially in relation to the important items of rent and taxes.

It is very difficult to make people realise that trained nursing, in addition to board and lodging, must be considered; this is most distinctly de-

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