

**CARE FOR THE CHRONICALLY ILL** — In the city of Toronto on a January afternoon in the year 1885, a woman was discharged from the general hospital. She had no home to go to and no one to take her in; so sick and discouraged and poverty stricken, when night came on she took what shelter she could find in a doorway and in the morning she was found there dead from exposure.

It created quite a stir in the city, especially in the fine homes on the street where the woman had died. People were shocked that such a thing could happen in their midst; and a young woman visiting in one of the homes, Kate Evans, a musician from England, felt moved to do something about it. Miss Evans offered to give £2000—at that time \$10,000—to build a convalescent home where homeless people could be sent to recuperate after an illness. A businessman gave an acre of land as a site for the building; a board of trustees was set up; and this was the beginning of Hillcrest Convalescent Hospital, so far as I know the first convalescent hospital in Ontario and still in active service.

Hospital authorities today would hesitate to turn their patients out on the street when the time comes to discharge them. If they are actually convalescing a convalescent hospital will take them for a limited period *if it has an empty bed*; but if people are chronically ill the convalescent hospitals don't want them. Indeed they have neither the staff nor the equipment to take care of them. Anyway their business is with those who can be restored to health and normal living. Neither do our government Homes for the Aged have facilities for this sort of hospital work. Effective, permanent care on a scale large enough to meet the need, can be given only in hospitals or homes for the chronically ill; and this type of accommodation is the most inadequate of all our hospital services. *The plight of the person facing a prolonged illness with arthritis or cancer or any other long-term ailment today is almost as pitiful as that of the woman who dropped down in a doorway to die three-quarters of a century ago.*

There are many sound reasons for the provision of more hospitals for chronic illness:

They would release beds for the acute cases in urgent need of attention.

They cost less to operate than general hospitals since they do not require the same expensive *equipment, the technicians and the high proportion of graduate nurses—a good deal of the nursing could be done, and done well, by practical nurses under professional supervision.* In a smaller town the building might be a wing or some other part of a general hospital. Or where there is a good private nursing home in the locality it might apply for registration so that government hospitalization benefits would apply, to the advantage of both the Nursing Home and the patients.

In a hospital for the chronically ill, patients could be given physiotherapy and other special rehabilitation services that can not be provided in an already overloaded general hospital programme.

It is all very well for some people to say that people suffering a long illness can be cared for in their own homes. Some of them can. But not one home in a hundred today has more than a one-woman staff and there is a limit to what this one woman can add to her work without breaking her own health.

Further: Most of our people who are chronically ill are, like the rest of us, subscribers to our excellent Ontario Hospital Service which puts no time limit on the stay in hospital. Is it fair that there should be no help for them just because they have a certain form of illness?

The Women's Institutes of this province have done a lot for their local hospitals. In some places they have been the moving spirits in having a hospital built in the locality. They are concerned for the sick and the aged in the community. It does seem that they have a cause worthy of their influence in arousing the public conscience to take thought for those of our people who have to face an outlook of sickness or crippling, possibly for the rest of their lives—though they might improve greatly with persistent, specialized care.

Our hospital authorities are well aware of the need and a few large new hospitals for long-term illness are under construction. Perhaps Women's Institutes can make their best contribution by working for smaller units in their own counties. Anyway we submit the whole question for consideration. We have observed that when a band of Institute women set their minds and their hearts on a problem, they usually find ways of doing something about it.

*Ethel Chapman*