

plaster; and even—is it too much to suppose?—quote once again from his Common Rule the words of Moses, who, when asked to prevent certain people from prophesying, said: ‘O that all the people might prophesy’.

‘My very own saint’, wrote Voltaire to the Marquis de Villette, ‘is Vincent de Paul; he has merited canonization by Christians and philosophers alike.’ It would be interesting indeed if St Vincent in the Panthéon could be induced to comment on such a tribute from such a source. We do know, however, that St Vincent’s charity recognized no frontiers and that his *pietas* reached out to embrace all the creatures of God. So the gentle ironist of St Lazare might admit the relevance of the speculation and refer the curious enquirer to a letter he had written to Warsaw in 1645 in which he instructed Fr Ozenne to pass on some good news about the Queen of Poland’s small dog which had been boarded out with the Sisters of Charity in Rue du Faubourg-Saint-Denis: ‘Please tell Mlle Villiers that the little pet is beginning to condescend to recognize me’.



CHESHIRE HOMES

FRANCES PHIPPS

WHAT a distance there is between the words ‘works of mercy’ and that irritating slogan of prosperity, ‘We’ve never had it so good’.

It is the distance between the good Samaritan and the welfare state.

Perhaps it is true that people in England are being better cared for than ever before. It is comfortable to believe that most of the natural tragedies of humanity—sickness, old age, incurable disabilities—come under some heading or other in health services or charitable organizations, and that everyone is taken care of ‘from the cradle to the grave’. We only have to look a very little way under the surface and behind the scenes to know that it is not true.

It is a sad fact that all round us are numbers of men, women and children, chronically sick, or dying slowly of incurable disease, or

so severely and permanently disabled that it is not possible for them to live anywhere but in the 'chronic' wards of hospitals, where their very beds are often needed for more curable patients.

Because their tragic frustrated lives are hidden from our sight they are lost in the backwaters, lingering on sometimes for many years, outside the stream of normal activity; and it is only too easy to pass them by. We urgently need to be reminded of their existence from time to time.

Few works of mercy of the present day have had so quick and generous a response or made so popular an appeal in England as the 'Cheshire Homes'.

Television and B.B.C. talks have made a large public familiar with the charming smile and romantic story of Group-Captain Leonard Cheshire, v.c., the brave bomber-pilot of the last war; group-captain at twenty-four, leader of the famous 'Dam-busters', who, shocked by his experience as an official observer when the second atom bomb was dropped in 1945, decided to leave the Air Force in order to devote his life to the service of his fellow-men.

Leonard Cheshire is surely one of the greatest good Samaritans in the world today, and his homes deserve the incredible success they have had; for they are the offering of a deeply compassionate and generous man.

Barely fifteen years have passed since the appearance of the first Cheshire Home. Now there are seventeen in England, with more in preparation. 'Fifty Homes for England' is their founder's aim.

His work has spread overseas—to countries where there is less prosperity than here. Already in 1955, in answer to an appeal from India, Leonard Cheshire left for that country on a first visit. There are now six homes in India. One has lately been opened in Singapore, another in the Lebanon. And last year the first of several homes in Nigeria was started for incurable crippled children.

The story is well-known to many, but worth telling again, of how the first Cheshire Home came into being.

Having left the Air Force, Leonard Cheshire set to work to promote a community scheme for the re-settlement of ex-service-men, at his own expense. The enterprise failed, and to pay off the large debt incurred it was necessary to sell the house left to him by an aunt, Le Court near Liss in Hampshire.

It was while he was spending his last few days in the house, whose furniture had nearly all been sold already, that he heard that a former groundsman of seventy-five, who had been connected with the resettlement scheme, was slowly dying of cancer in the nearby hospital and his bed needed.

In spite of the utmost goodwill all round, the sad fact remained: there was nowhere for him to go.

Leonard Cheshire, on hearing this, cancelled the sale of his house, fetched the old man from hospital, took him in and nursed him himself until he eventually died.

That is the story. What went on in the minds of those two men during the long hours of watching in the half-empty and silent house can only be guessed at. Great graces must surely have come from that one work of mercy, for, some time after, the old man died in happiness and peace. And it is said that the conversion of Leonard Cheshire to the Catholic religion began from reading the missal always lying on the sick man's pillow.

It is certain that that experience showed Leonard Cheshire his true vocation. It also gave him the thought that if that old dying man could be homeless there must be others like him.

It was of course only too true. Others came quickly enough; Le Court soon filled up. A band of voluntary workers collected round him, nurses and doctors gave him their support, gifts began to come in—a bed from one, a mattress, blankets from another. So the first of the Cheshire Homes grew up.

From its early precarious days Leonard Cheshire lived in the house, taking his share of the heaviest nursing, putting his heart and soul and much gaiety and laughter into the work, trying to make out of that dilapidated Victorian house a place, for the incurable sick people round him, with the atmosphere of a family provided by the mixture of patients and workers. In spite of its obvious and numerous drawbacks and inconveniences, many incurable and helpless men and women were sheltered for six years within its dilapidated but friendly walls.

Then came the generous gift of the Carnegie United Kingdom Trust of £65,000 to build a new Le Court as a modern and up-to-date well-equipped home for the special care of young disabled men and women—with an age-limit for admission, supposedly, of forty. The new Le Court is the model Cheshire Home—the 'show' home, a modern cheerful house with many small bed-

rooms (more like the 'bed-sitters' of students than the rooms of a nursing home). Here every invention and appliance is encouraged that will enable the patients to feel they are not completely helpless. One patient, half-paralysed, works a private printing press, and courses of every sort of training are given. Above all the patients feel that their mental powers are believed in and taken for granted.

Efficiency is everywhere visible at Le Court—yet at the same time there remains the impression of a family group made up of various characters 'making do together' that was so characteristic of the old Le Court.

Another experiment followed in Cornwall in 1948 in a group of old huts on a deserted training-ground, now replaced in its turn by a magnificent new home, complete with a local committee and a trained matron and built by the local inhabitants.

It was easy for a visitor to be horrified by the earlier huts and their obvious and appalling inconveniences. 'How could one put very ill people here?' was the first thought that crossed the visitor's mind. Yet for five years eight disabled patients were nursed in them and made to feel they were not just burdensome invalids, but the friends of Group-Captain Cheshire helping him to create, out of nothing, a home.

It was when he was planning his third home that I first met Leonard Cheshire, as a patient in Midhurst Hospital. He was seriously ill at the time, having had one lung operation and awaiting another.

When I went into his little room it was filled with the grave and lovely sound of Gregorian chanting from the Benedictine Abbey of Solesmes. He did not turn off the tape-recorder when I came in and we listened till the last prayer had floated away. Then he turned to me and at once began eagerly to explain his plans. I could not listen to him without the fear that he might be overtiring himself and I soon went away. But in spite of his worn thin face I could not think of him as an invalid. His spirit had remained so strong and free and he was obviously so unconcerned with his own illness.

He asked me to visit Ampthill, the first of the very large old country houses that he was adapting for a home, in Bedfordshire. The day I went there I found only two patients, both seriously disabled men, lying in bed. Round them the home was being

created; an art student on a ladder painted a wall, the whole place was filled with cheerful sounds and much laughter. The two men watched with amusement and interest the rather amateur developments of the voluntary workers' plans; their trays were brought to their bedsides by a young man whistling. Nothing could have been less like the atmosphere of a hospital.

Now Ampthill has also been fully repaired, renovated and given a new life, and houses some forty elderly men.

So the story continues. Many historic, fine country houses have been offered to him and a new life has come to derelict family mansions otherwise doomed to be pulled down. No house offered to Leonard Cheshire is ever despised. Houses are his temptation, for he knows that as soon as their doors are open the houses will be filled.

It is impossible in this article to do more than mention the world-wide possibilities and developments that are now growing out of the founding of the Ryder-Cheshire International Mission for the Relief of Suffering—the result of the marriage last summer between Leonard Cheshire and Sue Ryder.

Since her extreme youth at the end of the last war Sue Ryder has led a 'dedicated' life, working in Germany on behalf of our 'forgotten allies'—those stateless homeless refugees some of whom are still serving prison sentences in Germany, others whose health has been ruined by their treatment in Nazi concentration camps. By her own effort she created a building scheme to help the housing problem of those who leave the camps. She originated the Ockenden Venture, which educates children (mostly born in the camps) in England, covering their expenses back to Germany each year. And her holiday scheme enables families, and individuals who can hardly remember having lived outside the huts of a refugee camp, to come to England each summer, where in her own home they are treated as her cherished personal friends.

It was Sue Ryder's knowledge of and compassion for the plight of the refugees from Poland that made her wish to help the sick in that country. That wish coincided with a long-cherished dream of Leonard Cheshire's. Together they offered two prefabricated houses built in Coventry to be put up in Poland to contain some sixty incurable patients. These homes were accepted by the Polish Government, who have now asked for fifty more. The houses fill a most urgent need on account of the shortage of

hospitals, many incurable cancer patients being forced to die in crowded flats and tiny filled-up rooms. The disinterested 'good Samaritan' gesture of giving these houses purely to help relieve suffering in Poland, where destruction caused by the war has left so much misery, has been accepted by the Polish Government in the spirit in which it was made.

Nor can I speak here of a great plan now under way in India—the centre, to be called Raphael, near Dehra Dun, where on a beautiful site in the foothills of the Himalayas it is hoped to create a group of homes, each destined for a separate need, round a large perfectly equipped up-to-date hospital. The first of these homes is already opened—for twenty-eight mentally defective and homeless children. Elsewhere on the estate, in tents and partly finished newly-built houses, are seventeen lepers—the first of two hundred who are now living outside the city of Dehra Dun, on the edge of a refuse dump.

It is hoped that Raphael will grow into a village, with eight or nine houses which will be homes, with about fifty patients. It is intended to become the international training centre of both the mission and the homes. Perhaps it may become an example of how the incurably sick—those who otherwise think themselves 'useless' and friendless—can help each other and feel at home.

In India the need is so vast; poverty and suffering are more visible than here. The plan for Raphael is vast, too, and barely begun. When ideas are great they easily seem to many people like a dream. But the dreams of good Samaritans have a way of coming true. Their faith and love and active compassion bring them victory over our indifference, our doubts and fears.

