

some discharge, was left free from strapping and dressed with a dusting of iodoform powder, and a few shreds of iodoform gauze, soaked in rubra lotion; this had to be re-dressed every four hours. Temperature 98°4', pulse 80.

August 5th.—Patient had a very good night, no pain, the bowels acted once, stool formed, no mucus. Temperature 98°, pulse 88. 8 p.m.—Had a very good day, no pain or diarrhoea, having ordinary diet now, and takes food well. Temperature 98°4', pulse 82.

August 8th.—Patient is now convalescent, her only trouble being constipation; an ordinary cleansing enema is administered every evening, and by this means she is kept free from discomfort; her appetite good. She was treated in the Hospital for her anæmic condition until September 12th, when she returned to her home at Folkestone, looking well and strong.

Home Hospitals.

SOME IDEALS.—THE DOMESTIC STAFF.

In discussing the necessary domestic staff, we will keep to the number of beds before mentioned, namely, twelve. For this number of beds and the necessary Nursing staff, eight servants will be necessary, namely, one most efficient cook, one kitchen-maid, one parlour-maid, one assistant parlour-maid, three housemaids and a page, and good organisation, and regularity in performing their duties will be necessary if a London house is to be kept thoroughly clean.

The kitchen-maid must be on duty at 6.30 a.m., clean kitchen stove, and make up good fire so that there may be plenty of hot water for the patients' use, and for early operations. Her duty will be to clean kitchen, scullery, servants' hall and larder, scour all kitchen utensils, prepare vegetables, wash up dishes and plates, and see that all dishes and plates are heated for meals, keep up the kitchen fire and lay table in servants' hall.

The cook should reign in the lower regions, superintend all the cooking, and dish up all meals, and to do so efficiently she must be a woman with a good power of organisation, as the following table of the daily meals will show.

- 7 a.m.—Kitchen breakfast.
- 7.40 a.m.—Day Nurses' breakfast.
- 8 a.m.—Patients' breakfast.
- 9 a.m.—Night Nurses' dinner.
- 10 a.m.—Day Nurses' lunch.
- 10.30 a.m.—Patients' lunch.
- 12.30 p.m.—Day Nurses' dinner.
- 1 p.m.—Patients' luncheon.
- 1.20 p.m.—Servants' dinner.
- 4 p.m.—Servants' tea.
- 4 p.m.—Nurses' tea.
- 4.30 p.m.—Patients' tea.
- 7 p.m.—Patients' dinner.
- 8 p.m.—Night Nurses' breakfast.
- 8.40 p.m.—Day Nurses' supper.
- 9 p.m.—Servants' supper.
- 9.30 p.m.—Patients' arrowroot.
- 10 p.m.—Patients' and Night Nurses' Night Trays.

In addition to this, special diets for the feeding of nervous and dyspeptic patients have to be made and served at given hours. The following chart should be

filled up by the Sister in consultation with the cook daily, when the latter will have it in the kitchen for reference for the following four and twenty hours.

DIET SHEET.

Name and No.	Breakfast.	Lunch.
Miss — Room 1.	Milk tea. Bread and butter.	Strong chicken broth and dry toast.
<i>Luncheon.</i> Boiled sole. Bread and butter. Milk pudding. Milk.	<i>Tea.</i> Milk tea. Buttered toast.	<i>Dinner.</i> Strong clear soup and dry toast. Egg on spinach. Milk.
<i>Night Tray.</i> 1 pint milk. Strong savoury jelly. Toast water.		
Name and No.	Breakfast.	Lunch.
Mrs. — Room 2.	Poached egg. Buttered toast. Tea and cream.	Chicken broth and dry toast.
<i>Luncheon.</i> Braised sweet-bread. Stuffed tomatoes. Rice flummery. Dry toast. Milk and soda water.	<i>Tea.</i> Tea. White bread and butter.	<i>Dinner.</i> White soup. Fried sole. Roll and butter. Stewed pears and cream. Milk and soda water.
<i>Extras.</i> Night tray: 1 pint milk. Calves' foot jelly. Cocoa.		
Name and No.	Breakfast.	Lunch.
Mr. — Room 3.	An orange. Porridge and cream. Omelet and grated ham. Coffee and hot-buttered toast.	Dry toast or cream cracker. Beef-tea.
<i>Luncheon.</i> Mutton cutlets. Stuffed tomatoes. Chip potatoes. Queen pudding. Milk. Apolinaris water.	<i>Tea.</i> Tea. Scones and butter.	<i>Dinner.</i> White soup. Roast chicken. French beans. Mashed potatoes. Stewed pears and cream. Milk. Apolinaris water.
<i>Extras.</i> Night tray: 1 pint milk. Beef jelly. Tea.		

Patients having strong individual likes and dislikes must be consulted about their food when they first enter the Home, and as far as possible consistent with the medical treatment, their tastes should be considered daily. On an average, one quart of milk daily will be consumed by each patient; this includes some taking less—some much more. The food taken by persons lying in bed should be fresh, of the best quality, carefully cooked and served, and free from rich ingredients and high seasoning. As surgical patients have usually good appetites, indigestion must be prevented by wholesome and easily digested food being given, the items of which should be as varied as possible. For instance, ring the changes on half a dozen kinds of bread, white, whole-meal, brown, Vienna, French, aerated, &c., home-made milk bread, and scones. And again milk can be served in a variety of forms which render it palatable—iced, and flavoured with tea, coffee, chocolate or vanilla, or mixed with seltzer or soda water, it can be taken in large quantities without satiety.

Appointments.

MISS ALICE CLARK has been appointed Assistant Matron of the Royal Albert Edward Infirmary at Wigan, where she has worked as Probationer, Nurse, and Sister for over five years. She is deservedly popular, and her promotion has given general satisfaction. Miss Louisa Dawson has been appointed "Night Sister," and Miss May Woodman Sister of the Gidlow Extension Ward. Both ladies have had over three years' training at Wigan, and they are held in great esteem both by the authorities and their fellow Nurses."

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