

cult rule to have kept is that smoking is not allowed all over the Home and at all hours; vigilance on the part of the staff is the only curb. Printed notices are useful to enforce the law, but they do not in any way influence the offender at the moment. Smoke rooms, with strong, comfortable furniture, must be provided, and the men allowed to go to them whenever well enough. Cleanliness of habits have to be made matters of moral persuasion more than of rule, and every facility in the shape of roomy lavatories, warmed in cold weather, and easy of access, with plenty of hot and cold water, are helps in this direction. Appliances for washing in the dormitories are not necessary if the lavatories are at hand, and the way to them easy. The helpless patients are treated as in hospital, and are washed or wash themselves in bed. It is an advantage to have two towels provided for each patient, one for upstairs, and one for use during the day to be kept in the ground floor lavatories, each towel being hung on a peg marked with the patient's bed number. The reason for this is that it must be a rule that no patient visits the dormitories during the day without leave, complications arising from articles missing and supposed to be lost are the result of not enforcing this.

The rule that all patients shall attend the services in the Homes where there is a chapel, unless contrary to their religious principles, sounds somewhat exacting, but my experience has been that very few object, and the majority enjoy the services.

Punctuality is also not hard to enforce, most of the men and women are used to being tied to time in their work and business. If the staff are punctual, which is certainly most essential, the patients will follow suit. Where large grounds for air and exercise are provided, it is much easier to regulate the movements of the patients, and the rule forbidding anyone to go beyond the given bounds, on pain of dismissal, must be strictly enforced.

The hours for rising should not be late. Eight o'clock or eight-thirty is not too early for breakfast, and renders the management of the work easier. The patients are generally ready to get up, and they often have to be restrained from rising earlier than the given time. This does not apply to the very weak or ill; half a day in bed is often a great help to them. Early to bed is a good rule. The patients are really tired by evening, although they will not often own it. The staff own to being tired, and must be allowed off duty as soon as possible, and as they have to see the people to bed, and turn out the lights, 8.45 or 9.15 is the latest time practicable.

The meals must be served hot, punctually, and quickly. The diet should be plain, as varied as

possible, and generous without waste. Again it should be remembered what the difference is likely to be between the diet of the hospital and the bill of fare at home, and so the food should hit off the happy medium between the two.

In special cases, extra milk, fish, mince, soup, are necessary. Gastric cases must be let down gently, but with the fresh air to sharpen appetites and strengthen digestions, dainties are seldom necessary. The full diet of most London hospitals about comprises the diet of a convalescent: Breakfast, with tea and bread and butter, and some addition in the way of an egg, fish, or bacon; dinner, meat, plenty of fresh vegetables, pudding; tea, with bread and butter, varied by the favourite dish, bread and dripping, and occasionally jam or cake; supper, of soup or pudding, bread and cheese and beer, or pudding and milk.

Beer is a useful addition to the diet, and half a pint to three quarters once or twice a day is good in most cases, and satisfies them—the men more especially—and helps to prevent them from going out of bounds in search of a public house. Where beer is forbidden, owing to the complaint, milk must be substituted, as patients have a rooted objection to drinking water.

The staff of nurses required in the proper nursing of a Convalescent Home must depend largely on the condition in which the patients are admitted, and whether surgical cases with open wounds are among the number. In any case, the Matron and Assistant Matron ought to be fully trained and certificated, and the Sister or Nurse in charge of the patients should hold a three years' certificate. It is an advantage for the nurses to have had about a year's general training, as it is not easy to instruct the quite uninitiated in a Convalescent Home.

The staff ought to be sufficient to allow of nursing patients should they become acutely ill, and not in a condition to be removed to hospital, and to allow of the surgical wounds being properly dressed, and as often as necessary, also to assist the helpless patients. A Night Nurse is a necessity in most places.

In the Home of which I am writing the average number of nurses to patients is one to fifteen. The patients are received in a primary stage of convalescence, and a large proportion are surgical cases with open wounds. Of the eight nurses two are fully trained and certificated, the remaining six have received about a year's general training. Absolute cleanliness, without extravagance, should be the rule of the surgical work; the patients must be watched, and not allowed to indulge their naturally lavish tastes in the matter of coal, gas, food, etc. The furniture should be comfortable, but of the strongest and most durable texture, as repairs form an extensive and

[previous page](#)

[next page](#)