

be confined to their rooms; some of them will be acute cases, wholly kept in bed and needing skilled nursing and constant attention. Two nurses by day and one at night will be the smallest number we can assign them. This only leaves seven nurses to look after the seventy-two poor patients and the twelve wealthy ones ("who require a larger number than do the necessitous cases." Why?), both for day and night duty.

In the sanatorium where I am at present working we find one nurse to 10 $\frac{2}{3}$ patients only just sufficient when the latter are all able to be treated as "convalescents," and that an acute case requiring constant watching entails a very heavy strain on the nursing staff.

Then, too, we must take into account holidays, off-duty time, and night work.

A night nurse is a necessity in a sanatorium where sudden emergencies such as hæmoptysis and heart failure are likely to occur, and no system of bells yet devised can call assistance quickly enough when the person to be summoned is in bed and some distance away.*

Apparently the very large staff of servants accounts for the scarcity of nurses; but surely this is a mistake, unless some of the nine male attendants have also received a hospital training.

When speaking of the cleaning of the building and its freedom from infectious dust Dr. Lathom points out that ordinary cleaning is not sufficient; we must aim at absolute asepsis. It will be difficult to teach servants what we mean by this; their standard is as a rule miserably low, and totally different from that of a hospital nurse. Not very long ago I visited a friend in a private sanatorium, and although everything was of the best possible design and no expense in labour was spared, the room was not aseptically clean and by no means free from dust, because the maid had no idea of method, and was only supervised in a slipshod way by an amateur Matron.

In a properly-managed institution, where each patient inhabits a separate room, a nurse should be responsible to the Matron for the condition of a certain number of rooms, and should see to their thorough cleaning by the maids.

Again, on the plan I see no provision for a nurses' dining-room, and I gather that they are to take their meals with the patients. Apart from the very real difficulties as to crockery and the frequently unpleasant manners of the rougher class of patients, experience has taught me that it is very necessary for the patients away from the dining-room to be especially supervised.

There are the sixteen in bed, and there will always be a certain number besides having their

* I see Dr. Lathom speaks of engaging extra nurses for special cases, but this is a very unsatisfactory and expensive measure for temporarily increasing the staff.

meals in shelters, the open air, or their own rooms, and according to the plan many of the latter are a considerable distance from the dining-hall. It will take a doctor and nurse their whole time to go from room to room whilst mealtimes are progressing to see after these solitary prisoners. Nurses must wait upon them, for it is obvious that servants cannot be relied upon for trustworthy accounts of the food eaten.

The nursing of one class of patients is always trying, and the nurses should certainly be provided with a comfortable dining-room and allowed to enjoy their meals with an "off duty" feeling.

There is just one other point upon which I should like to touch briefly, viz., the "aggregation of the sexes" in their daily life, especially in the sanatorium grounds. I know that this is the custom in private sanatoria, but it is not desirable for the working classes. Anyone who has worked in an ordinary convalescent home will agree with me in this; it has always been a difficulty in dealing with the uneducated and those unaccustomed to self-control, especially as character will not be inquired into before admission, the nature of the disease alone constituting eligibility. Meeting in the dining-hall is all very well—it is under supervision; walking and sitting alone in the grounds is a very different thing, especially on a moonlight night, and with the small staff of nurses safely out of the way attending to the patients indoors!

In conclusion, I should like to draw attention to the great care with which Dr. Lathom has considered every detail. The windows to open easily and noiselessly, so that patients can easily close them for toilette purposes; the avoidance of draughts by large air-openings; the condemnation of the plenum system and dust-creating fires; the washing of floors and surfaces instead of dusting; the out-of-doors reception of visitors as a means of reducing their number. In speaking of the disposal of sputa, I had hoped to come across a hint as to some means whereby Dettveeller's flasks can be constantly boiled without irreparably ruining springs and rubber fittings after a few weeks' service. With this exception, it is indeed marvellous how Dr. Lathom has foreseen and provided for every question likely to arise in dealing with suitable surroundings for the modern hygienic treatment of consumption.

HELEN TODD.

The Hon. Sydney Holland, Chairman of the London Hospital, on Wednesday issued an earnest appeal for funds to carry on its stupendous work. The income from trust funds, and from the estate, is only £22,000 a year, and the necessary expenses amount to £85,000 annually. Mr. Holland deserves encouragement, as it is greatly owing to his energy that urgently-needed reforms have, in recent years, been effected in the management of the hospital.

[previous page](#)

[next page](#)