

A SANATORIUM FOR NURSES.

BY A NURSE-PATIENT.

In planning a Sanatorium for Nurses, it must always be borne in mind that the nurse, unlike the ordinary patient, in entering such an institution, sets her foot in what was formerly her sphere of action, and that the familiar objects associated with hospital life, on which her eye lights at every moment, are there, like so many little dagger-thrusts, to remind her of all that she has lost.

It must be remembered that, in the majority of cases, the gate that opens to admit a nurse as a patient into a hospital for tuberculosis, represents for her the gate that shuts her out for ever from her profession, and only a nurse can realise what this means. It is not merely a question of breadwinning—although this is very often a serious one for the woman who is no longer young, and has possibly elderly parents dependent on her; it is much more than that. Can the typist regard her machine, the sempstress her frocks, or the waitress her crockery in the same spirit as that with which the real nurse regards her patients? You mothers, whose children are suffering; children, whose parents are threatened with death; would you like to think that the woman to whose care you entrust them, brings only the same feeling to her task as the worker with inanimate objects? Surely the work of dealing with sick bodies and souls is the most anxious and engrossing of all professions!

It is but humane, therefore, to endeavour to give to the sick nurse an opportunity to recover in an environment which by its cheerfulness and homely aspect, may enable her to forget, as far as possible, what her illness means, and may furnish her with fresh courage to look life in the face, and re-construct her future.

Undoubtedly the system of building to be preferred is that adopted in some of the best sanatoria in England, where small houses, containing twelve to fourteen bedrooms, are constructed, each house having two sitting-rooms for use in the winter evenings. These houses should be connected by corridors to facilitate the work of the nursing and domestic staff, and the same nurses might undertake the care of the patients in two or three houses, according to the nature of the cases, and the amount of attention required.

Bedrooms.—Each patient should have a separate bedroom, and these should be provided with a reasonable amount of furniture. A fairly low, shallow cupboard, with shelves

on one side, and hooks, on which to hang things, on the other, is quite easily kept free from dust. Patients who are up all day, and walking or gardening, and whose sojourn extends for several months, must have a certain amount of clothing, and it is not only inconvenient but insanitary to have everything folded and crushed into a locker.

Cloakrooms.—These should be provided for waterproofs and rugs and other wraps, and provision made in them, according to the method employed in well-equipped schools, for the drying, by a system of steam pipes, of wet garments and boots. Too often no such provision is made, and damp clothes and boots are put on by the patients, with lamentable results in the way of rheumatism, colds and other ills, not to mention discomfort.

Bathrooms.—It is essential that a sufficient number of bathrooms should be installed. Daily bathing, hot in the evening, and cold in the morning, is recommended to those tuberculous patients who are sufficiently strong, and her usual tub is very much missed by the nurse, who finds herself restricted to a weekly bath, on account of insufficient bathing accommodation being provided for the number of patients.

Main Building.—There should be a main building, easily accessible, containing the chapel (should a separate one not be provided), the dining-hall, the recreation-room, and a library, which might be used as a reading- and writing-room.

Dining-room.—In the dining-room, the plan should be adopted of having small tables for six or eight persons, instead of a long, dreary expanse running from one end of the room to another, like a boarding-school—or a hospital! This gives at once a more cheerful and homely look, particularly if each table has a vase of flowers on it. Such duties as looking after flowers, etc., could be undertaken in turn by two or more of the convalescent patients.

Decoration.—Throughout the colour scheme should be bright and cheerful, pretty shades of paint being chosen for the walls. A very limited number of reproductions of good pictures would help to eliminate the barrack-like aspect of the dining-hall and recreation-room, and, if hung at a low level, where they could be easily dusted, would not be likely to harbour bacilli, any more than the chairs or tables.

Nursing Staff.—The question of staff is a difficult one to discuss, owing to the fact that the organisation of the nursing world is in the melting-pot at present, and the number of

[previous page](#)

[next page](#)