



Royal Hospital for Neuro-disability

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Letter received by Frederic Andrews from
Florence Nightingale, dated 4 September 1861

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Hampstead NW
Sept 4/61

Sir I have only this
morning received your
note of the 26 Aug.

To answer your
questions first
i.e. as well as I
can without knowing
your selected site—
upon the character of
which, of course, every
requirement of cubic
space &c must depend.

1. "A simple room for
one patient" cannot have
less than 2500 Cub. ft. or
about 150 sq. ft.

2. 3. For every patient,
where the No. exceeds 3,
I should give 1500 Cub. ft.
or about 100 sq. ft.
It matters not whether
they have a "day-room" or
not.

4. For "day-rooms" 600
Cub. ft. for each patient.
or about 50 sq. ft.

I regret to see the
word "Corridor" used.
A "Corridor," if it means
a long room with
windows on one side,
can rarely be kept healthy.

As you do not "enclose"
the "hit" of "maladies"
"under which the
"patients suffer," nor
any indication of the
proposed site, (which
however I take for
granted is in the
country, as it ought to
be,) I can but
add a few general
hints.

1. Superficial area
signifies a great deal
more than cubic space.
Indeed a height of
above 17 ft is actually,

in my opinion, prejudicial.
 But a height under
 the ft ~~must~~ not be
~~less~~ is certainly so.

2. In a very rising
 date, the "1300^{ft}"
 prescribe might be
 lowered to 1200^{ft}.

But only in large wards.

3. All the wards &
 day-rooms should be
 ventilated & warmed
 on the "new principles"
 of the "Barrack &
 Hospital Improvement"
 Commission.

4. Of course it is not

intended that any one²
at all should sleep
in the day rooms.

5. I have given my
reasons (in all my
published books) for
objecting to "wards of
from 3-8 beds" &
for preferring "wards
of from 20-32 beds".
Privacy does not
extend beyond the
bed on each side the
patient. And if he
has ~~one~~ bed on each
side of him, he
may as well have

ten.

Whereas Nursing,
in any sense of the
word is impossible
in the smaller wards,
some fit & the head
nurses are not, alas,
so common. And one
such can easily over-
look 32 beds in the
same ward. Cannot
possibly overlook them
in "wards of from 3-
8 beds."

In like manner,
I would only assign

single rooms, to "noisy"
or "offensive" patients
or of such as require
absolute quiet and
a constant watcher.

I do not presume
to say more, because
I do not know the
characters of your
patients - nor your
requirements.

I will only add:
1. I have had large
experience among
both patients who follow
of Hospital & those
who ordinarily do not

2. Among the "Incurable" whom I have nursed, there has always been a large proportion who required that kind of nursing which, in my opinion, can only be given in large wards. - & who would certainly have been neglected in the smaller ward, each of which cannot be put under one Head Nurse.

I shall be most happy to render any

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assistance in looking
over plans, or in
answering any
questions. But
it must be before
the 12th of this month,
or after November 1st.
And in my state of
health, which may
terminate my power
of work at any
moment, you are
much more certain
of having me ~~after~~
this month than
in November.

I shall be very
happy to contribute
towards your building,
if it is on principles
conducive, in my opinion,
to the welfare of the
sick.

3. In some ^{new} Convalescent
Institutions abroad,
wards of 3^{or 4} have been
found to answer, with
day & exercise rooms.
But as soon as the
Convalescents became
patients, they had to
be transferred to the
Infirmary wards.

I imagine that some of
your "Incurables" are like
the "Convalescents" in the
sense that they don't
require the Nursing of
Patients. For such I
should not object to
the 3-bed wards, &
should think 3, ^{or 4} better
than 8 bed-wards. For
such I should not
object to single rooms,
except on account of
expense.

But, for those who
require Nursing, whether
"Incurables," Operations,

Accidents, or "Licks," every year only confirm my experience that from 20 to 32 bed wards are the best.

4. The material of your walls & ceilings & of your floors is of immense importance.

5. As a general rule, Hosp^{ls} cut up into small wards, require more cub. space than Hosp^{ls} with large wards. In a certain sense, a patient profits by all the space (the air) in

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his ward -

E.g. An "offensive" case
does more mischief
in an 8: bed ward
than in a 32: bed
ward. Popularly,
it is supposed to be
just the reverse.

Yours faithfully
Florence Nightingale

J. Andrew Esq