

humanity—the Pauper Sick. Thank God there are many such women in the ranks of our Nurses with a very different ideal to that sketched by the writer I have quoted above, and we can but hope that since “Hard-labour in the Hospitals” grinds so heavily on women “without qualification or knowledge” who take up Nursing because they can do nothing else, they will before long be ground out of a profession which they only serve to lower and to weaken.

E. J. R. LANDALE.

Sanitary Inspectors.

JUST now so many women, interested in Nursing and Health questions, are endeavouring to go deeper into the matter, and to make their knowledge of more practical value by studying Hygiene and Sanitation, that I think my experiences at the Sanitary Institute may be of some use to my fellow-workers.

My sympathy with these subjects dates from my entrance into Hospital life, where the conviction was early forced upon me that the Prevention of Disease is a science equal in importance to that of Healing the Sick, and I eagerly read every book on the subject that I could get hold of. But all that I gained, or thought I had gained, was, so far as relates to sanitation, purely theoretical, until I became a student at the Sanitary Institute, and was enabled to attend a course of lectures given in the Parkes' Museum of Hygiene by experts in the several branches of Sanitary Science.

I must confess I entered with mixed feelings—with somewhat the notion that such practical details were a necessary groundwork that had to be drudged through, in the same way that one tackles a grammar of a foreign language previous to enjoying the literature. One lecture was enough to dispel this mistaken view, and I soon realized that the practical details of Sanitation—unattractive as they may seem to the novice—may become absorbingly interesting as one learns their necessity and their value, and comes to see how every branch of Sanitary Science is linked together, and that no one link in the chain is unimportant where Health is concerned. And so I cannot help thinking that a large number of Nurses whose energies are not entirely used up by their daily work would find an unexpected pleasure in attending a course of lectures similar to those I am speaking of. I say pleasure, though the knowledge acquired would necessarily have a practical bearing on the duties of Nurses who have completed their training. In Hospital it does not, of course, devolve upon the Nurse to point out sanitary defects in the Institution she works in, though she would know better than to allow pails of uncovered

milk to be placed near the bed of a typhoid patient, as is not infrequently done in the wards; and she might even, in the interests of hygiene, warn a medical student or a house physician not to sit on the ledge of an untrapped sink, as I have seen done by those misguided young men who come into the kitchen to ask for a forbidden cup of tea. In many ways, lectures on Sanitary Science would be of practical use to a Nurse, but, above all, such lectures would interest them, and Nurses on active duty want to be interested.

But, of course, many of the women who are studying Sanitation have a professional object in view, and are anxious to obtain certificates of competency in Sanitation to entitle them to take posts which the recent appointment of women as Sanitary Inspectors seems to be opening up.

I have met with a good many Nurses desirous of finding out what course of study is to be covered to enable them to qualify, and no doubt there are many more amongst the readers of the NURSING RECORD who would care to see the copy of the Paper set at the last Examination held by the Sanitary Institute at Hull, on the 25th and 26th ult., which I append:—

1.—Define the following:—

“Canal” and “Canal Boat” under the Canal Boats Act.

“Drain,” under the Public Health Act, 1875; and Public Health Amendment Act, 1890.

“Owner,” under the Public Health Act, 1875, and part II. Housing of Working Classes Act, 1890.

2.—State the circumstances in which premises may be closed:—

(a) Under the Public Health Act, 1875.

(b) Under the Housing of the Working Classes, 1890.

3.—When inspecting houses, to what points would you direct your attention to ascertain whether the drainage is in proper condition? What are the methods in use for ascertaining defects in house drainage?

4.—A case of typhus fever is notified in a house in a crowded court. State what steps you would take as to—

(a) Isolation of the patient, and

(b) Disinfection of the house and its contents.

5.—What are the most common causes of pollution of water in wells, and water butts outside, and in cisterns inside houses? What steps would you take to prevent pollution in each case?

6.—Describe in detail the way in which you would take a sample of drinking water from a deep well for analysis, and what you would do with it.

7.—You are required to examine a half carcass of a bullock, the internal organs of which have been removed and cannot be inspected. Describe accurately the appearances which would lead you to the conclusion—

(a) That the animal had died a natural death; or

(b) That it had suffered from a serious disease before being slaughtered.

8.—A room in a common lodging-house is on plan 20 feet square, and the walls are 7 feet high; the ceiling slopes from the four sides to the centre of the room where it is 12 feet high. What is the content of the room? How many adults should sleep in it? Show by sketch the arrangement of the beds.

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