

children for nothing? The salary is mentioned in an off-hand kind of way, as if it would be quite an imposition were a Nurse to expect one! We are reminded of a similar case in which a Nurse was asked to take charge of an invalid "in return for a comfortable home," when the Nurse asked if the people who expected so much "imagined that she followed the Nursing profession for her health?"

**COMFORTABLE HOME** in the country, and small salary, if required, OFFERED to a NURSE with hospital and nursery experience (lady preferred), not under 25, who would undertake the charge of four young children. Churchwoman. References.

\* \* \*

Advertisement number two also emanates from a vicarage.

**WANTED**, the end of June for District Nursing, trained NURSE for two or three months. No salary. Board, lodging, and laundry. Excellent experience.

In the name of all that is reasonable and just, why should a trained Nurse give her services for two or three months for nothing? Would the reverend gentleman whose wife thus advertises be willing to give his services for the same period in another parish? We doubt it. But there is another point which comes out in the postscript, "excellent experience." For whom? If the Nurse is "trained," she has given her services for a long time for a small salary and she expects to receive a fair remuneration when the period of probation is over. If not trained, the "experience" would be on the side of the poor patients of the district on whom the 'prentice hand was tried. The sooner we can eliminate from the public mind that baleful idea that women's work is philanthropic and has, therefore, no commercial value, the better it will be for the army of women toilers whose necessities are very real.

\* \* \*

"Would it be possible for me to get for my invalid mother a trained Nurse who knows something of sick-diet, and who will not consider it derogatory to help to prepare the food for the cook to finish up? We do not ask that a Nurse should bend over the fire, or roast or boil, but we should like to find someone who could direct the preparation of beef-tea, chicken broth and other such little dainties for the sick-room. My mother has been for some years on the invalid list and we have had many trained Nurses, but we have not had *one* whose idea of diet went beyond beef-tea, custard pudding, soda and milk, or chicken broth; occasionally a Nurse brighter than her sisters has an inspiration and suggests wine-jelly! but my poor mother has had it for years and the mere mention of it weakens her digestion for several hours. Is

there not something wrong in your Hospital system which turns out Nurses so absolutely ignorant of the essential of Nursing—a knowledge of dietetics and a capacity for suggesting novelties to tempt weary appetites?"

We fear there *is* something wrong in our Hospital system, and we have for years recognised the serious omission of cooking and dietetics in the training of our Nurses. When talking on the matter with Hospital officials we find so often their objection to introducing a diet-kitchen in which each Nurse should spend three months, is founded on a belief that the experiment would be costly.

Speaking from actual experience we have proved that this assumption is not correct. It is well known that if the mistress of a household goes into the kitchen and supervises the culinary arrangements, that economy is the result. And it is very much the same in Hospital diet-kitchens. The Nurses, from their superior education and training, are much more likely to study the economic interests of the Hospital than are the untrained servants. And, where the cooking is good, waste is much less, because all the food can be utilised.

Now, it is common enough knowledge that, while in many Hospitals, the materials supplied are extremely good, these same materials frequently suffer so much by bad or indifferent cooking that they have lost much of their "food value," by which we mean to imply, that they have not lost their food-value from any chemical alteration in their component parts but as regards the patient. The "food-value" to a sick person is represented not by the diet placed on his plate, but by the amount he is tempted to eat.

Without any stretch of imagination, it is easy to recall the days in our Hospital life when we felt as if we should like to go to some neighbouring restaurant and order a nice tempting meal for a really sick person or a delicate convalescent. We know that "chicken" is allowable in special cases, but there is chicken and chicken. Unfortunately, the average chicken of an average Hospital is a by no means tempting dish. It is very frequently tough—often because it is indifferently cooked—frequently because it is roasted instead of being boiled. A common accompaniment is a hard potato—all for the want of a little care—and a "squashy" bit of greens, gruesomely yellow.

Now we wish it quite to be understood that we are not bringing so serious an indictment

[previous page](#)

[next page](#)