

scarlet, and I felt certain that the nephritis I saw would not have occurred had the patients gone early to the hospital. The mothers feed the children too soon with solids, let them run about too soon, and do not give them enough fluid. Since the use of antitoxin, diphtheria has lost much of its terror, and is really less dreadful in the tenements than scarlet. Measles seems often a simple disease, yet no full evidence is at hand to show how many children recuperate fully in strength after it.

A difficult thing to combat is the prevalent belief that all children must have contagions. "What's the use of that," said one doubting father, who was a very intelligent man otherwise; "all children must have these sicknesses."

"Why, no," said the nurse, "I have never had them."

"Well, you will have them," replied the parent, in tones of conviction.

Three months of this service, interesting as it was, was gladly given up by the Settlement when it was found that the Department of Health was prepared to take it up. Dr. Lederle, already planning for extended hospital buildings and compulsory hospital service when the public health demanded it, established three nurses on June 1st to conduct a district nursing service for the contagious cases reported from the tenements of a definite manageable limit.

Mrs. Martha Peltier, a graduate of the New York City Hospital, took the diphtheria cases; Miss Katherine McNamara, of a Chicago hospital, was put on the scarlet fever cases; and Miss Katherine Healy, of the King's County Hospital, Brooklyn, on the measles cases. They came to us a few days previously for initiation into the mysteries of streets, courts and houses and the preliminary supplies, and during June have reported every day at the Settlement, their cases being telephoned down from the Health Department. They have used the bedside notes and daily records used in the Settlement, and Miss Hitchcock, who has charge of all the nursing, has planned out with them their daily work, and has also assisted the department in arranging a very satisfactory mode of procedure for their technique in disinfection.

Dr. Lederle has now rented a small house next to the Willard Parker Hospital, and has cleaned it thoroughly and painted it throughout with enamel paint. The nurses live in their own quarters, but hereafter will come every morning in street dress to the little house. Here they change to their nursing uniform, and, returning in the late afternoon, again change, leaving off all external clothing, including boots, wraps and nursing bags. These are all carried in suitable receptacles to the disinfecting plant of the hospital, where they are sterilised overnight, and returned early in the morning. The nurses now get their supplies from the hospital and

will now no longer report at the Settlement, but will continue to work as a district branch of the Health Department. Dr. Bryant, of the Willard Parker Hospital, has shown the greatest interest in the plan and has taken much pains to perfect the details relating to the co-operation of the hospital.

The following are descriptions of a few typical family conditions.

The family of L— lived in a very old and dilapidated rear tenement containing ten apartments of two small rooms each. ("Rear tenement" means that the house stands on the back of the lot and separated from the larger front house by about twelve or fifteen paces. In the little yard stands the row of horrible wooden privies where all discharges must be carried, unless they are emptied into the sink.) Two families live on a floor, each having two rooms. The front one is sitting-room, kitchen, and laundry all in one, with an old couch or sofa where one person may sleep. The small room opening from it, with a little window at the back, is the bedroom, and holds one large bed with a pile of extra pillows. The L—s are father, mother, and five young children. No water supply is in the rooms, but must be carried from the landing in the entry. Here two children had a severe scarlet, and, while still ill, two others came down with measles.

Mrs. D— lived in a similar apartment in a house equally wretched and even dirtier. She had five children, three of whom came down at the same time with scarlet. Although the medical inspector advised hospital, she refused to let them go. However, as she was a widow, and largely dependent on charitable aid, it was possible finally to compel her to send them.

The family W— lived in a basement so far below the level of the street that it just did not come within the definition of a cellar. Their rooms were at the back, looking out upon a small courtyard, the level of which was almost to the top of their window. The living-room was dimly light, and the two bedrooms almost entirely dark. No sun ever reached any of the three. A case of scarlet here, strange to say, did well, and did not spread.

The Y— family lived in three tiny rooms, fairly light, with seven children. Of these, three had measles, one had pneumonia, and one meningitis at the same time. The latter was sent to hospital, but the others remained at home, the parents, in the intervals of nursing, being engaged in selling white goods from a push-cart. The goods, which usually lay in the rooms at night, were kept downstairs while the children were ill, as the parents knew the Health Department would not allow them to be carried out of the room.

The K— family were intelligent, and when

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