

In warm weather the children live out of doors, as much as possible. Those that can, move about in the grounds, and for children confined to their couches, a huge "barrack-tent" is erected, in which they spend the entire day. The canvas curtains at the sides can be drawn at will, to shield them from sun or breeze. They can join a little in the game-dramas of their fellows, even though it were only in the character of spectator, and be curtained off "to rest" when Nurse sees signs of weariness.

The age of admission for scrofulous children varies from four to fifteen. Rickety children are admitted at two years of age, because the symptoms of this last-named malady usually declare themselves earlier. "As the symptoms of every case depend on the duration of the complaint, and on a number of circumstances that I cannot mention here," writes Dr. Englested, "I will confine myself to observing that markedly beneficial results have been obtained at the rate of 80 per cent., and that it is only in the last stage of the illness that we have not obtained favourable results. For some symptoms, notably superficial affections of the skin and eyes, the results of treatment at Refsnaes differ considerably from those obtained at Berck, and if the treatment of these symptoms does not succeed as well at Berck as it does at Refsnaes, the cause must be attributed to the atmosphere, which at Berck is charged with particles of sand that are absent at Refsnaes where the coast is covered with shingle and sea-weed. In every other particular, the results of treatment at Refsnaes have, in every detail, harmonized with those obtained at Berck, not only with regard to necessary time for treatment—at least 240 to 260 days—but with regard to the number of cures. This concordance proves that scrofulous children can be treated in Maritime Hospitals on the shore of the North Sea just as well as on those of the ocean. And do not the happy results obtained at Refsnaes justify us in inviting other countries to follow—as we have done—the example France has set by founding Maritime Hospitals, devoted to scrofulous children, and open all the year round? Since 1880, a meteorological observatory has been established at the Hospital. Three times a day the temperature of the air, the strength and direction of the wind are taken note of; the hygrometry of the air and the saltness of the water are tested. By comparing these observations with those taken at eight other meteorological stations in Zealand, one sees that the temperature has, in no place, been higher than at the Hospital Station, and at most stations generally lower. The reason of this is, that the Hospital is built on a peninsula, close to the sea, and is sheltered by hills from the wind and severest cold."

Dr. Schepelern, of the Hospital at Refsnaes writes: "With regard to winter-treatment, I will make the following general remarks: All individuals suffering from chronic complaints produce little heat, and do not bear the cold well. I consider that we must pay great attention to this fact in treating children, for they are often not able to tell if they are cold. Thus, the winter treatment exacts well-heated rooms and warm clothes. Besides this, they must have exercise by gymnastic appliances in the Hospital, or by works in the open air. Walks are taken with us all through the winter, and all the patients who are able to move with some ease join. Of course, there are exceptions

to the rule, as in bad weather, or in the case of very young and very delicate children. It is especially after the bath that these walks are generally of great importance in determining re-action."

"It is impossible to deny," writes Dr. Schepelern, "that the bracing properties of the sea and air are more decided off the coasts of the ocean than in the fjords. But, from another point of view, the latter being far more sheltered, offer many advantages for a Hospital that is to be a winter station, and, during the summer months, the quieter water of the fjords is preferable for delicate children."

— Hospital Diets. —

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[Paper read before the Nursing Congress.]

It is perhaps not necessary at this late day in the nineteenth century to offer any arguments or apologies for presenting a paper on the subject of food and its preparation, for we have made such strides in the last ten years in what may be called the study of home affairs, that the idea is no longer a new one, and we have already begun to think of system, methods, *technique* in the cooking of food.

In a short paper of this description, however, it will be quite impossible to do more than touch upon a few salient points, to select what seem to be the greatest defects—for that there are defects one has only to look in order to see—in hospital kitchens and dietaries, and to suggest in a general way remedies therefor.

With this object in view, I have visited, during the last three months, twenty-five Hospitals, four Young Women's Christian Associations, one New England Kitchen, and one school in which three hundred persons are furnished each day with dinner at a fair cost. The last six Institutions are included because in Hospitals the providing of what is known as "ward diet," that is, the greatest part of the food consumed, is neither selected nor cooked differently from what it would be if were designed for those who are in a state of health. These Institutions, excluding those not Hospitals, located in six of our leading cities—New York, Philadelphia, Boston, Washington, Brooklyn and Baltimore—represent for the most part types of Hospitals. Some are richly endowed, others are poor; some are marked by the distinctive religious character of the authorities, such for instance as the German Hospital in Philadelphia, in which the entire charge of everything except the medical work, that is, the Nursing, buying and cooking of food, and internal management of the Institution in general, is in the hands of the order of Deaconesses and most admirably administered; others are without any special religious motive in their administration; some are under political control, some are free from it; some are for the rich alone who pay large prices; others for the poor who pay nothing, and so on. These I have divided into three classes, basing the classification entirely upon the condition of the kitchens, utensils and workers as to *cleanliness*, because it is the very first essential to the attainment of wholesome food. One

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