

utensils, will be found necessary. On this may be put the covered tin boxes in which the food is carried to the ward kitchen.

Two sets of Boston Cooking School receipt pamphlets, can be bought and framed, and hung on the wall for ready reference. It will be found necessary to have cooking receipts for the nurses to refer to, especially if there is no permanent teacher.

In the Rhode Island Hospital diet-kitchen, all the special dishes and liquid diets for patients are prepared by the nurse on duty. She gives her undivided time to the kitchen, and is assisted in the roughest work by a competent ward maid.

When we first opened our diet-kitchen, about six years ago, a graduate of the Boston Cooking School happened to be one of the pupil nurses. She was the first nurse appointed to take charge. After establishing the system, she instructed another pupil, remaining several days with her, and so the lessons have been taught ever since by the nurse about to leave the kitchen to her successor.

Two nurses are in the kitchen together at least three days, and each nurse from three to four weeks. If an order, which the nurse cannot prepare from receipts is sent in, she reports to the Superintendent of Nurses, who helps her out of the difficulty. The doctors order special diets for very sick and for convalescing patients, and the head nurse in the ward carries the written order to the diet-kitchen nurse, who puts it on her list.

A requisition for supplies is made out in duplicate every morning. One copy is sent to the Matron and the other, with a list in detail of food supplied to each ward, is submitted to the Superintendent of Nurses, and by her presented to the Superintendent of the hospital.

Beef tea, chicken, mutton, clam and oyster broths; gruels of different kinds, jellies; custards, baked, steamed, and boiled; light puddings, apple snow blanc mange, rice, &c.; steaks, chops; eggs prepared in various ways, dropped on toast, scrambled, boiled, omelet and egg nogs; cream and butter toast, broiled chicken, tea and coffee.

Our nurses take a great deal of pride in having the food temptingly prepared and daintily served.

The night matron goes into the kitchen about midnight, and prepares a light, hot supper for the night nurses and specials, and also for friends who are remaining all night with their very sick patients.

The average weekly cost of our kitchen is about thirty-two dollars for food alone. Gas, water, and the expense of an extra nurse and the time of the ward maid would probably bring it up to forty-five or fifty dollars per week. We do not consider this an additional expense, for we have simply taken the preparation of this food from the general

kitchen, and transferred it to the diet-kitchen, where a nurse in training prepares it more intelligently and with greater economy than could be possible in the general kitchen, where nothing but regular meals are now served.

In closing, I would say that, in my opinion, the ideal method of giving instruction in invalid cookery would be first—to equip a large, airy room, if possible, with the furnishings necessary; to have all the cooking utensils needed; and to supply pretty china for the food.

To secure a professional instructor, who shall give her undivided time to the nurse (or nurses), who, in turn, shall be allowed to give undivided time to this practical branch of her training. She should be taught that absolute cleanliness in every detail of cooking, in the care of utensils used, and of the room, must be observed. She should be instructed in food values; the chemistry of the simpler foods; the foods for special forms of disease, and why they are best; and those most nutritious for convalescing patients. Special attention should be given to setting the tray attractively, and with the right quantity and quality of food.

She should also be taught the cost of food materials, and the care and preservation of it. She should know something of marketing, and where the best and most economical cuts of meat are found; the part to select for beef tea, and the most nutritious cut. The nurse should understand that the diet kitchen is a department of the hospital, and that the food prepared is really a part of the treatment; that it may call forth her best efforts to prepare and present it to the patient in the most nutritious form and in the most attractive manner. It is important that a nurse should be efficient in this branch of her art, as many articles of diet have a definite place in the treatment of disease.

The instructor should criticise the nurse's work in the kitchen, and point out why she failed to obtain the desired result. She should be drilled over and over again, that she may know from continued experience, how to properly prepare any article of invalid cookery without hesitation, and that she may never be at a loss to serve a dainty meal, or to provide a pleasant surprise for her patient when she needs something to tempt the appetite.

She should remain in the diet-kitchen one month at least, receiving instruction in careful and economical preparation and dainty serving. She should not be required to do ward work during this time, but should be allowed to keep her mind on this particular line of her practical work. She should be assisted by a ward maid in the rougher part of the kitchen work, who will have definite duties to perform.

[previous page](#)

[next page](#)