

sure to be disastrous to the hospital menu and accounts; for, contradictory as it may appear, the man whose products are cheapest almost invariably presents the largest bill at the end of the month. This all causes friction, extending through every department, from the dealer to the Board of Managers.

In awarding a contract many things ought to be considered with the price: the dealer's standing in the community; where he obtains his supplies; what facilities he has for caring for foods; the manner in which he actually does care for his stock; the service he renders his customers; all these should be taken into consideration as well as his price.

A contract made with a dealer able to satisfy you on those points would result in about the same outlay as though the head of the hospitals made purchases as needed, paying more when foods were high, and less when cheap.

The blank forms for contracts should be sent to a number of dealers and awarded to first one and then another known reputable dealer, but never to one who had nothing to recommend him except the low figures affixed to the articles with which he agrees to supply you.

In a hospital small enough to admit of the method, the purchasing supplies by the Superintendent is unquestionably the ideal method, as it approaches more nearly the family relations where the head of the house, possessed of a large amount of intelligence and very limited means, goes to market, makes selections and purchases, knowing that only by the strictest economy, joined to a knowledge gained by experience and observation, can the quantity be made sufficient, and the quality fulfil the two ultimate uses of food, supplying the body with material for growth or renewal, and with energy or the capacity for work, at the same time keeping the expense within the income.

A Purveyor, or Steward, or Head of the Food Department, sounds as though the whole question were solved, and so, no doubt, it would be were it not for a few "ifs."

Assuming that you have been able to secure a straightforward, honest person, who cannot be bribed, if he knows all about flesh foods, the digestibility and nutritive value of each animal, if he knows what vegetable products are cheap, no matter what their cost, because they contain abundant nourishment and very little residue, and what are dear at any price, because they neither contribute to the renewal of tissue or produce force, and therefore in the economic system could only be considered luxuries: if in making up his daily menu he knew how to combine the proper amounts of proteids, fats, and carbohydrates to supply waste and renew tissue in the sick, and furnish energy or capacity for work in the well, at a minimum cost, then the system may rightfully be considered a success.

In spite of the "ifs," it is undoubtedly a step in

the right direction, and will probably be adopted by all the large hospitals in the course of time as a preparatory measure. Another question was: What facilities have you for storing supplies in large quantities? With two exceptions, the answer was, "No facilities for storing in large quantities." Most had large refrigerators which kept the day's supply in good condition; but a regular system of cold storage seems not to be considered essential in the construction of a hospital, nor a necessity in hospital economics. Everybody knows that buying in small quantities is an expensive way to provide the essentials for the maintenance of large or small bodies of people; and yet that is precisely what most hospitals do, when they buy a two or three days' supply.

For instance, a housewife that makes her own bread and buys flour by the twenty-five pound bag, pays one-fifth more for the weight contained in a barrel, than the one who buys a whole barrel at once. Just such false economy is practiced by the hospital that buys three barrels of flour where it should buy fifty. There may be reasons, and doubtless are good and sufficient ones, where many families are obliged to buy in that expensive way; their means are limited, they have no credit, and the space they occupy is circumscribed. None of those reasons ought to exist in a hospital. When the hospital is planned, storage for foods should be one of the first considerations. If a large hospital is contemplated, then storage for large quantities should be provided, and a small hospital in the same ratio, always with facilities for enlarging as needed. The beginnings of most hospitals are small. The kitchen, range, steam apparatus, closets, sinks, and so forth, will but just meet the requirements at their inception. They enlarge and expand, add ward to ward and wing after wing, but the accommodation for the storage and preparation of food, remains practically as it was in the beginning. They may put in a larger range, another steam cooker or two, which makes the space in which the work is to be performed more limited, and from the consequent confusion, the fact is made more apparent, that they have outgrown their conveniences for properly preparing food, and systematically and hygienically caring for it after it has been prepared.

Work that ought to be done in the lightest, cleanest, most healthful surroundings is usually relegated to the darkest, worst ventilated, most inconvenient corner of the building. Cooked foods are stored in dark, warm, non-ventilated closets, or heaped promiscuously in inadequate refrigerators, the one object being to get them packed in. The principle of keeping each class of foods separate being entirely lost sight of by the necessities of the case, and cannot therefore be insisted upon. The embodying in the plan of a hospital, cold storage and an ice plant, ought to be as common as

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