

or cans kept for the purpose in a closet or adjoining room, and sent to the laundry once or twice daily. In some hospitals, clothes are counted morning or night, or both, and then thrown down a chute to a room from which they are collected. There are various methods in use as to the care of the very soiled and stained clothing. It may be rinsed immediately by nurses or orderlies, and then sent to laundry. This rule is so strictly adhered to in some hospitals that there are practically no stains which are not removed before clothes leave the ward. Again, nurses are only required to place such clothing in covered tin cases, which are taken directly to the rinse house of the laundry, where it is thrown into tubs of disinfectant solution. Would not what is required of the nurse in this respect depend upon the character of the stain? For instance, a small accident to a blanket, otherwise clean, might be quickly remedied by the nurse. Whereas, with the possible exception of fecal matter, most of which nurse or orderly would remove, is it not sufficient for her at once to place blood-stained clothing, etc., to soak in cold water? It will be interesting to hear any argument for and against the methods as practised in our best hospitals. In one of these, all soiled clothing is sprinkled with carbolic by the ward maid. The fact that linen can be so easily destroyed by the improper use of chemicals seems to be well understood, inasmuch as in large hospitals the removal of stains is usually the work of a man or woman appointed for the purpose. In small institutions, the head laundress, under the direction of the matron or housekeeper, is made responsible. Chloride of lime for bleaching, oxalic acid for iron rust, etc., washing soda, ammonia and Labarraque's solution are some of the chemicals in ordinary use.

Although there is a difference of opinion as to how much of the soiled clothing shall be washed by the nurse, there is no question as to her duty in regard to infected clothing. Large cans for the purpose are kept in the lavatory or bath room, and any linen soiled by typhoids, discharges from wounds, etc., are placed therein and covered with solution, carbolic acid 1 in 20 to 1 in 40 being the favorite. In the contagious wards, linen is sterilized by steam before it is washed.

SORTING.

Soiled clothes are sorted in the laundry as a rule, although in some instances the ward-maids separate patients' towels, doctors' towels, napkins, bed linen, etc., into bundles before sending to laundry. It goes without saying that tray covers and table napkins will always be kept in a separate bag. In hospitals where the work is well systematized, there is a careful selection of the cleanest clothes, next cleanest and so on, before putting into the tubs, but there is apt to be much

carelessness in this matter where the supervisor is not efficient.

It is not my purpose to dwell upon the laundry itself as the equipment of each differs greatly. In fact, some hospitals have none at all, so depend entirely upon a public laundry. In others the work is done by hand with the aid of washers and wringers, but the greater number are fitted with steam appliances including washers, extractors, mangles, drying bars, and in the best laundries, various labor saving devices are made use of like body ironers, band finishers, collar and cuff ironers, and sleeve ironers. Gas heaters for irons must also be mentioned as part of the furnishing.

One fortunate Superintendent is able to write that her laundry is equipped with 'the best that the country affords.' In that hospital of fourteen free beds and one hundred private rooms, five employées do the work. It is impossible to state any rule for the number of employées, but it may be interesting to know that 42 are required to do the work in one hospital of 1,000 beds. In one of 800 beds there are 21 laundry women and 3 men; in another 18 women and 2 men. In a hospital of 300 beds, 14 are employed, but in another of nearly 400 beds, only 5 women and 3 men are found necessary. Thirteen employées is the average number for hospitals of 200 beds. How then can 8 manage to do the work for 400?

SOAP.

Ordinary soft potash soap seems to be most used in the steam washers. This is easily made from the kitchen grease and lye in a metal barrel or kettle and cooked by steam, and has the merit of economy, besides doing the work. Care must be taken that the rinsing of the clothes is thorough. At least twice, and better three times should the water in the washers be changed. (Cold water before soap is added.)

The various chip soaps are much liked in many hospitals. Hard brown soap, Babbitt's preferably, for hand work, and Ivory soap is best for nurses' uniform dresses. The number of pieces allowed each nurse is from eighteen to thirty-two weekly, making an average allowance of twenty-three.

An attempt was made to find out the days of the week on which the washing is done, with the idea that if they were the same, in a number of hospitals, there must be a good reason for the arrangement. It was found that the washing for the wards is usually done on every working day except one, and that exception may be any one of the six. This is, probably, an unimportant point as the supply of linen allowed, the number of laundry employees, and the amount of machinery, must influence the management of work in different hospitals. I might add in this connection, that in a hospital of 100 beds, 34 of these being private

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