

many that we thought would die, were soon in fairly good condition, and yet they seemed to be strangely apathetic, even when fully recovered. This condition we observed in the majority of the patients; the mental shock had been so severe that it took a long time to restore the brain force. That was the hardest day of all, from 5.30 a.m. until 10.30 p.m., and even then we scarcely dared to leave our patients. The nurses were so interested it was difficult to get them away even for meals or to sleep. The arrival of twenty sisters of charity and twenty nurses increased our number materially, and now we could try to systematize our work. But here we were met by difficulties unknown in an ordinary hospital.

In the first place we had no laundry, and soiled clothes had accumulated until they finally had to be burned. Now, with between one thousand to sixteen hundred patients, a great many of them requiring constant changes of bed and body clothing, it would require at the least calculation, one thousand sheets a day to keep the beds up to the usual hospital standard of cleanliness. Of course this could not be thought of, so that the majority of our patients were often without sheets, and we used them only in cases where it was absolutely necessary. Blankets we had in plenty. Cots could not always be furnished, on account of lack of transportation. Often from two hundred to three hundred patients were lying on the floor, but we made them as comfortable as possible with blankets, and the poor fellows would look up with the most grateful smile and say it was like heaven after what they had gone through. We lacked everything in the way of stores. Often I have had to prepare tents for two hundred patients and have had nothing but blankets and a few tin cups to furnish them with. This was in the first days, when we were overwhelmed with the rapid increase of patients. No one had known in the beginning what to prepare for, and it took time to get these things together when the only means of transportation was a one track railroad, which deposited them two miles away from the hospital, the rest of the journey having to be accomplished by mule teams over roads almost impassable.

What would we have done without the Red Cross Relief Association? It was to them we looked for supplies, and we seldom failed to get what we asked for. Mrs. Winthrop Cowdin, of Auxiliary No. 3, had given me *carte blanche* to call upon her for anything we required. We were to spare no necessary expense. Acting upon this I had provided a large quantity of drugs for hypodermic use, hypodermic syringes, and other necessary appliances, all of which we needed immediately, and it would have been many days before we could have procured them from

Army stores. In response to my telegrams, goods came with surprising swiftness; the Red Cross could always get transportation, they seemed to have the power of putting things through when no one else could. No one can estimate the comfort of that big tent with its almost unlimited store of delicacies of all kinds, its supply of bedding, clothing—all the comforts and necessaries of life so freely given night or day.

Another difficulty was the rapid transfer of patients. Often one hundred would be discharged, and two hundred would be received on the same day. Orders would be left over night to have, say, fifty men ready to start by 7 a.m. The day nurses would be in the wards early to prepare them and give them breakfast, then when all were ready, the order would be countermanded, and they would be returned to bed, only to be ordered up later. The new patients coming in had to be bathed and made comfortable; probably many of these would be transferred the next day to make room for others. As a nurse said, "One was working in Cuban soil constantly with but little result, for it took several baths to make a patient clean."

Another thing which made it difficult to maintain order and system was the constant crowding of visitors in the tents, most of them holding passports from the Commanding Officer or others in authority. This was a source of great annoyance to both patients and nurses, and it was a most delicate problem to handle. Many came with the best intentions of helping, and some did good work, but the majority came merely from curiosity and to find fault. The public had worked itself up to a state of hysterical excitement, and they were bound to see for themselves that we did our duty.

With so many sick men, and the poor accommodations for work, it was impossible to keep up the appearance of the wards, but that did not trouble me as long as I knew that the treatment was carried out and the patients received good care, and this they had. I look back with satisfaction on this part of the work. Temperature baths were given, the mouths kept clean, extreme cases had special nurses, patients with sore backs were placed on water-beds, and unless any of you have tried to fill a water-bed with a fountain syringe you cannot realize what this meant, nor how much time and patience it represented.

*(To be continued.)*

THOSE who read this most interesting paper will look forward with keen interest to hearing from Mrs. Quintard's own lips something of her work in Army Hospitals, and her views as to Army Nursing Organization, at the coming International Congress of Women.

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