

of training in bedrooms without a ray of sunshine. What need to theorise about food values when a majority of our hospitals give scant attention to proper diet, and almost without exception the dietary of our schools is considered mainly from the standpoint of economy? You and I know only too well of night nurses on duty twelve hours whose mid-night meal perhaps consists of a slice of dried beef, bread and butter, stewed prunes, and tea, with an occasional slice of cake. The working-man's noon lunch of rye bread, cheese, and beer would be far more suitable. In this country the use of stimulants among nurses is, happily, infrequent, but I know of nothing which encourages it more than improper food.

Again, we teach at great length the various ways bacteria are carried, and at the same time we daily see nurses in hospital uniforms in street-cars on their way to and from patients. Does the question arise in our minds of how far they may be responsible for infectious complications? And then how much mischief may the nurse do who wears that abomination, the trained skirt, and comes home to hang it in the same closet with her uniforms!

How is the sweeping and dusting done in most of our institutions? By stirring up the dust vigorously with brooms, and then, to be sure that no patient escapes, giving it a second shake up with a dry cloth or feather duster.

What good to teach nurses theoretically to dust with damp cloths when a dozen maids are wielding brooms and dusters daily under their eyes?

In our cities and towns where typhoid fever prevails how much is done in most of our schools to ensure pure drinking-water, or how many nurses are taught how to purify it? None of us have forgotten the story, related last year of the epidemic at Cornell, of the nurse who continued to give her patients the same water from which they got their infection. Either she was lacking in principle or her school had woefully neglected to teach her a most important point in nursing typhoid fever.

It is not necessary to go on enumerating these well-known instances, but I do wish to say most emphatically that hygiene should be better taught and better practised. The movement to give nurses a wide training in domestic science in a preliminary course solves the problem almost entirely for the schools which are in a position to give it, but what may be done in the schools for which such a course is a remote possibility?

First, we may provide a house for pupils which is kept wholesome with good plumbing and ventilation, and then teach them what that means to them personally. Further, they need much instruction in personal hygiene: the proper care of their own bodies is often as foreign to them as nursing an infectious case. When that is done we may bring them to a realising sense of the danger to themselves of dust, impure water, bad air, infected clothing

thrown on the ward floors, coming to meals without first scrubbing their hands, and so on *ad infinitum*. Like all other species of the human race, nurses are most powerfully moved when a subject affects them personally, and knowing that infringement of the rules of hygiene with patients is a menace to themselves helps wonderfully to impress the need of care upon them. I think the subject of proper food for patients, and nurses too, is the most formidable lion we have to pass. Domestic service in our country at this time is in such a chaotic state that to provide good, wholesome food for a small family is often almost an impossibility, and when the problem is multiplied by several hundred patients and a proportionate number of nurses no wonder we are appalled and resort to feeble, inadequate makeshifts.

More than fifteen years ago Miss Hampton advocated putting hospital kitchens in charge of the nursing staff, and in the institutions which have tried it the experiment has been successful, not only in affording better food, but from the standpoint of economy. We cannot, however, claim this idea as original with nurses, because the nursing sisterhoods have practised it for centuries. It was my good fortune to drift, quite by accident, into the Ospedale Civile in Venice last year, and during that very short visit I saw many things which revealed much. It is nursed, of course, by the Sisters, and after one has been sufficiently enraptured by its picturesqueness the cleanliness strikes one. I came away with some comparisons in mind which were truly odious. The kitchen is a never-to-be-forgotten place. While it may have lacked some Yankee inventions of convenience, it was so clean, so bright and fresh, and the suppers going out were so well prepared, that I recalled other hospital kitchens which need no description. When a country so bowed down by poverty as Italy can furnish its sick poor such comforts, we may well ask some uncomfortable questions about our own hospitals. The consideration of public hygiene is a subject almost entirely neglected in our schools, and nurses are graduated knowing nothing of it. As a part of their last year's work I regard it as most important. The subject of ventilation, for instance, is one they should understand thoroughly, as applied not only to sick-rooms and wards, but to the systems employed for the whole of hospitals, for schools, theatres, hotels, and all kinds of public institutions.

Next and allied to ventilation is heating and lighting both hospitals and houses, in which we should go into methods with grates, stoves, hot-air furnaces, and steam; likewise candles, oil, gas, and electricity.

Following is the water supply for cities, towns, villages, farms, and camps. Knowledge of the last might have spared many lives in the Spanish-American and Boer Wars.

Next, public drainage and disposal of garbage,

[previous page](#)

[next page](#)