

to which he devoted himself. His work beginning at the top, and ours going on at the bottom, were not long in meeting, and the nursing care of contagions in crowded tenement quarters soon proved itself to be but one part of the whole great problem of municipal sanitation, not to be dealt with in a sporadic way, but as part of an orderly and comprehensive plan.

In many ways these are the neediest cases a district nurse can find. For one thing, the mothers, always nerveless and weak-hearted when it is a question of applying any treatment against the resistance of a child, are doubly ineffective when the orders call for treatment so distinctly repugnant as nasal irrigation, throat spraying, and the like. The child violently resists, and few mothers can even hold the hands still except under the sternest mandates. The nurse quickly finds that, with rare exceptions, such orders are never carried out except when she is present. The fear of bathing and of air, so deeply grounded, it would appear, in European medical teaching, is universal among our foreign people, and it is a piteous sight to come into a small, stuffy, crowded room, with every window tightly closed, and find a child blazing with scarlet, or measles, with inflamed eyes, occluded nostrils, and angry throat, pasty and sticky with the dirt of a week upon him, and dressed in full woollen clothing, shoes and stockings, and an enormous scarf or towel swathed around his poor little neck, with probably a slice of greasy bacon tied underneath. The bed is invariably filthy, for the parents are afraid to annoy him. The stereotyped answer of the mother when the nurse asks whether this or that has been done is, "He won't let me." But especially is it from the larger standpoint of the family and the neighbourhood that contagions are most serious. For the protection of the school, quite rightly, the well children are all excluded when there is a case of scarlet, measles, or diphtheria at home. It is then at once evident what a large proportion of schooltime is thus lost by the children of the wage-earners of a great city, when one adds up the ten days to two weeks of measles, the ten days to four weeks of diphtheria, and the six to eight weeks of scarlet, during which the infection remains active.

Then, right beside this guarding of the schools and loss of schooltime to the well children, and in almost ludicrous contrast to it, goes on the crowded family life of the tenements, full of the most absurd details of "mixing up" sick and well in one vast and hopeless jumble. The father goes daily to his work, whatever it may be, the older boys and young women go to their shops and factories, the mother goes daily to the market, jostles her neighbours on the stairs and stands in groups of adults with, as we have often seen, the infectious discharge from her child's nose

or throat drying upon her apron. The friendly women of the same floor come in and sit about. Icemen and other vendors come and go. The old Hebrew teacher brings his smudgy books and sits beside the sick child's bed to teach the others their lessons. Pillows and bedding are indiscriminately used, blankets and sheets are shaken from the windows and aired on the fire-escapes.

The supervision of the Department of Health is as complete and strict as is possible under the circumstances. Physicians are required to report all contagious cases immediately, and an officer placards the door with a large card stating the disease within, and warning all against entrance. Leaflets in several languages are distributed, giving the clearest and most explicit directions for domestic disinfection.

Though, among the Jews, these leaflets are usually read, the conditions of the tenement are such that they are rarely followed, and I doubt if the Italians ever dream of paying any attention to them. They are usually found behind the looking-glass, or placed as a mat under the medicine bottles. In all throat cases cultures are taken, and antitoxin is furnished free, and is also administered by a physician from the department in response to calls from any part of the city, and with wonderful celerity. A medical inspector visits each contagious case once a week to watch progress and order disinfection, and this weekly visit is made with unfailing regularity. When the case terminates the rooms are disinfected, mattresses and bedding will be steam-sterilised without cost, and the landlord is directed to clean and paint.

Yet with all this care and detail, isolation in the tenements is little more than a farce. For instance, Mrs. Doolan will meet the nurse thus: "Oh, the doctor from the board of health was round, and Johnny was playing in the entry with the boys, and the doctor was awful mad." (Johnny being in the "peelingest" stage of scarlet.)

Compulsory hospital service seems a necessity so fundamental, where people are so closely crowded together, that, without it, inspection seems to a great extent a waste of time and trouble. If the hospitals were adequate, and the people were taught to understand that contagious diseases from crowded houses had to be sent there, they would soon become accustomed to the idea, and familiarity with the beneficial results of the hospital, when patients were sent early, would soon become a matter of general knowledge. As it is, the patients are often sent too late, when the parents are desperate, or when the patients are really almost in a dying condition. This is unfair to the hospital, and gives it, in many instances, a reputation among the poor as a place to be dreaded—a reputation which it does not deserve.

A feature of the work that gave me much concern was the frequency of nephritic complications in

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