

## The Open-Air League.

One of the greatest problems in connection with the consumptive poor, whose disease has been arrested by treatment in a sanatorium, is how they are to earn a livelihood when their cure is complete. Those who are best acquainted with the after history of such cases know that a relapse frequently follows a return to the unsuitable and dangerous occupations in the pursuit of which these patients broke down. Yet they know no other trade, and the wages of a man who takes up a new one are of necessity small. If he has a family to support this means semi-starvation, and for a convalescent from tubercular disease this is an even more potent cause of breakdown than unsuitable work.

The Open-Air League is therefore doing good work in urging that to complete the treatment in these cases, the patients must be looked after for some years after their discharge from a sanatorium, and that those who are changing their occupations must be helped during the years when they are becoming expert at their new work.

The League considers that for such men market gardening offers the best prospect, and some of this is of so light a character that it is quite possible for patients to undertake it with benefit to themselves even before their discharge from a sanatorium, and it is beginning operations by opening a small Sanatorium and Market Garden near Great Clacton, Essex, under the direction of an expert market gardener and a medical officer. Here ex-patients can be trained in market gardening, and will be earning during this time nearly enough to keep themselves and their families, the institution helping them by supplying them with food at cost price and in other similar ways.

The objects of the League are admirable. The Hon. Secretary is Dr. Charles Reinhardt.

## Our Foreign Letter.

### THE NURSING SITUATION IN HOLLAND.



The following interesting letter received from a Dutch correspondent summarises clearly the position and aims of the different associations of Nurses in Holland, and indicates the struggle of the more progressive amongst them for professional organisation.

There are in Holland three different associations:—  
I.—The "Bond voor zieke verpleging" (Association for Sick Nursing), whose aim is to promote nursing and the interests of the patients. This Association was founded in 1892. A small number of its members are nurses, the greater number are physicians, directors of hospitals, matrons, laymen, and all kinds of philanthropic societies. Their organ is the *Maadblad voor zieke verpleging*.

II.—Nosokomos Dutch Association for promoting the interests of female and male nurses. It is what you call a Trade-Union. It was founded in 1900, it has nearly seven hundred members all nurses, and a hundred persons, physicians and laymen, who support the Association financially. Only the nurses have a right to vote, they have self-government, only nurses sit on the board, and *Nosokomos*, the organ of the Association, which since January last has been brought out weekly, is edited by nurses. The physicians who are members of the editorial staff will resign next spring.

III.—The Association of Male Nurses, founded in 1906. The aims of this association are nearly the same as those of Nosokomos. It has not its own paper but the members are allowed to discuss their affairs in the *Maadblad voor zieke verpleging*.

The aims of Nosokomos are to bring together the female and male nurses in Holland by means of an association, and to promote their interests: by editing a paper in which they may freely give utterance to their opinions and discuss their interests; by having meetings for mutual development and the discussion of mutual interests; by gathering funds for pensions and for temporary assistance during illness and accidents.

The reason why Nosokomos was founded was that the "Bond voor zieke verpleging" did not appear to meet the needs of the nurses, not understanding that their interests were the same as those of the patients.

The Bond had been formed with the intention of raising nursing, which till that time had been mostly in the hands of women of the lowest class of society. The Bond induced many girls, who wanted to have a useful occupation, to choose nursing as a profession, but after having brought those young women into the hospitals, they did not see that many things had to be changed, and that it was unreasonable to desire those well-educated girls to do the same manual labour the former attendants had done. Some theoretical lessons were given, but always at the end of a long exhausting working day, so they were not of much practical use. The directors of the hospitals did not perceive that the nurses had a right to claim more comfort, a better training, more spare time, and less manual labour, that they wanted to learn and do nursing in the true sense of the word, that they wanted to have leisure to comfort their patients, to talk to them, to give them all those small cares that sick people appreciate so much, to assist the dying in their last moments, to be cheerful companions for the chronics.

As matters stood then the best nurse was the one who did her manual work best. But the results were that after some years many girls chose other professions than nursing, they saw too many cases of nurses being quite broken down after a few years of hospital work; some recovered their health after a long rest, many of us still suffer from the overstrain.

At last something had to be done to bring about a change and prevent nursing from falling back into the hands of coarse women. In May, 1900, some liberal minded nurses and physicians, had a first meeting, when the foundation of an association was resolved upon, of which only female and male nurses could be members.

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