

should be provided; they are very scanty in some hospitals; also a proper supply of suitable cloths, not bits of old sheets, etc.

The hospital cook is a very important individual, but a woman who is properly trained for such work and thoroughly competent is difficult to find. If she be a "high-class cook, with experience in the best families," she is apt to pay too little attention to the ordinary run of patients' and nurses' food, leaving much of it to the kitchen maid. Moreover, the wage given by a hospital rarely runs to such an one. If she be an ordinary "good plain cook," her abilities are frequently very limited, and there is not much time for giving more instruction. As often as not she is a hospital kitchenmaid promoted, and her ideas of dinner run on the usual hospital routine, which she has not the ability to alter. In this respect I think the army hospitals, with their trained and certificated cooks, have a distinct advantage over the civil hospitals. We pay considerable attention nowadays to sick room cookery, ordinary household cookery, cottage cookery, etc., and cookery books for these are numerous, but very little thought seems to be given to the difficult task of cooking economically for large numbers, and I can find no good book on the subject.

We hear a good deal sometimes about "bad" food. In all my experience I have rarely met with food which was bad, in the usual sense of the word (except eggs). It is the *monotony* which palls. I believe much might yet be done with regard to the patients' food, but it is on the nursing staff that the monotony palls most heavily. A patient rarely stays in hospital more than three weeks, and has probably advanced during that time from "milk only" to "full diet," so that he has not time to have the routine scale repeated very often. The resident medical officers live in hospital for six months or a year, and for some reason or other it seems to be an accepted principle that they must be provided with a higher scale of food than their sisters, cousins, and aunts who may hold posts as Sisters. The nurses who stay three or four years, the Sisters who have probably been many years in hospital, are the people upon whom the monotony palls most heavily, and theirs is the table which is most likely to suffer from a too rigid economy in materials, and even more, I think, from economy in kitchen salaries. Part of the sameness is, of course, to be attributed to want of imagination on the part of the caterer, but much is also due to the want of individual care on the part of the cook. So much work must be done by the limited staff within a certain time, that dishes which require much preparation have to be crossed off the list, and it is

only by following a regular routine that they are able to cope with the work; in time, even the head cook is apt to forget how to make more than six kinds of pudding, and that potatoes may be cooked otherwise than "à l'eau." Also meat when roasting is, perhaps, not always moved just at the right moment from the greater to the less heat, and is not sufficiently basted; thus the meat from the same carcass usually tastes much better when served up at the smaller "officers'" table in the evening, when there is more time to attend to it, than it does at the nurses' table at middle day. Brillat-Savarin says: "Cookery is an art, but to roast requires a genius." In calculating the numbers of the kitchen staff, the large amount of cleaning which they usually have to do must be taken into consideration. There is no doubt that the food has been much improved of late years, but I believe that much might be learned by comparing notes and by consultation with first-class cooks. To quote Brillat-Savarin again, "the discovery of a new dish does more for the happiness of the human race than the discovery of a planet." I feel sure that it would, at any rate, cause more excitement in a hospital than the advent of a comet—even Halley's.

The caterer is usually the Matron or one of her assistants. There are few hospitals where the catering occupies the whole of one person's time; if the Matron does it herself, it is sandwiched in between other duties, and can only have a relatively short time each day. There is a great want of training in this department, and many Matrons have to learn by experience, more or less happy—or perhaps I should say unhappy. Those who wish to take up administration work should begin to train for it earlier than is usually the case, and take up the subjects most needed in preference to those which can be dispensed with. Thus, while massage and midwifery, for instance, are more or less essential to the private nurse, they are very rarely required by a Matron—at all events of the larger hospitals, but a knowledge of catering and of linen-room business, and some practice in teaching and organisation are of the greatest value.

It is no easy task to arrange the daily bill of fare for some hundreds of persons, whose meal times occur at all hours of the day, with a limited number of cooks (and those with limited knowledge) with due regard to economy in quantities, and considerable limitations as to the quality of materials. To obtain variety, the housekeeper must not only study the market lists, but must see that different modes of cooking are adopted—not an undue propor-

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