

of course mental cases). . . . I have always found the women who cannot get obedience from native patients, or servants, are generally those who have no control over sick people, whether black or white, and therefore are unsuited for the nursing profession."

Miss M. E. McCalmont, R.N., a Hospital Specialist and consultant, makes a strong plea in the *American Architect* for co-operation in hospital planning. Few people will be able to controvert her arguments. Thus: No hospital is successfully constructed for the benefit of the patient unless also constructed for the comfort and convenience of the entire *personnel*. No patient is receiving fair play from a hospital which has faulty working machinery, where jars, breakdowns and confusion are liable daily.

In view of this the question is pertinent: *Are our hospitals practical from a working standpoint?*

"Who is to answer this, the architects, trustees and doctors, or the superintendents and working staffs?"

Miss McCalmont's view is that the architect may be competent to pass upon all the details of hospital construction and finish, but he cannot be expected to know the details of hospital management sufficiently to cope with its peculiar and practical needs. The trustees may be able to recognize smoothly running hospital machinery, but how can they from casual visits locate inconveniences which may occasion daily confusion? The doctors may know whether their orders are carried out and their patients improving, but how can they know, if patients are uncomplaining, that lack of improvement may be due to sleepless nights caused by noisy banging doors, crying babies who should always be in sound-proof rooms, or the too near proximity of utility rooms, bathrooms or diet kitchens, or that they get cold meals because the diet kitchen is not planned for efficient service?

If nurses and superintendents were consulted there would be fewer diet kitchens, with their inevitable noise, next the wards, a reasonable number of sound-proof isolation rooms, and properly guarded windows would be asked for, the ice-box would not be next to the gas stove, and the meat blocks would be near the cold storage. Nurses as well as doctors would have adequate dressing-rooms, lockers, shower baths, etc., in an operating pavilion, and instrument cases would not be placed in the sterilizing room.

Friendly co-operation between architects, heads of hospitals and heads of departments would, Miss McCalmont believes, result in an

institution both beautiful and serviceable, intelligent in detail, and adapted in every requirement to the great purpose of efficiently caring for the world's afflicted.

The letter of "A Hospital Matron" on "The Admission of Venereal Cases to General Hospitals," addressed to the *Lancet*, deserves the serious consideration of her colleagues. She writes referring to a paper by Lieutenant-Colonel C. H. Neville, suggesting that special arrangements and wards should be provided for these cases in general hospitals, pointing out that the nursing has not been considered, and that a special staff of trained male and female nurses would have to be provided and maintained. On this point, she writes:—

"A well-paid staff of well-trained women would also be required, for it would not be justifiable to force young probationers to nurse in the venereal wards as part of their training in order to get their certificate. Nurses who enter small-pox hospitals or volunteer as plague nurses do so with full knowledge of the risks they run. The ordinary well-brought-up girl of from 20 to 25, the usual age at which probationers enter hospitals, is ignorant of the existence of venereal diseases and of the horrible consequences of contracting it, and certainly should not be exposed under compulsion and in ignorance to such a vile contagion." Also the daily visit to the wards of students and doctors is on quite a different plane. The nurse "has to live all day and every day, from seven in the morning till nine at night (except for two off duty hours and meal times) in the offensive atmosphere of a ward of syphilitic patients, during which time she is constantly performing details of nursing which bring her into contact with infectious discharges, and which in many cases it is not possible to carry out with the gloved hand."

"The mental as well as the physical atmosphere must also be considered, and the forced daily companionship of fallen and vicious women is a strain entirely unsuitable for a young probationer to be subjected to. No real nursing can exist where the patient's personality is treated as non-existent and the area of disease alone is considered. You cannot nurse the disease and ignore the patient suffering from it. Mind and body are too interdependent. It is difficult for a young girl to overcome the horror and repulsion following the knowledge of sexual vice and its results, and to feel anything but disgust for its victims. . . . So for the patient's sake, as well as for the probationers, a staff of specially qualified women would be needed."

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