

the Army, and in revolutionising our barrack system. She is chiefly remembered by the public in connection with the Crimean War, but her real claim to scientific distinction as one of the greatest women who have ever lived is founded upon her work as an Army sanitarian. Why cannot her successors carry on the good work by the formation of an Order of Sanitary Sisters?

Let us try to indicate in what ways such Sanitary Sisters might be able to give real effective assistance in bringing about a higher standard of personal hygiene. I am of course referring to trained Nurses with special sanitary qualifications. Would their presence and influence in training camps tend to raise the standard of personal hygiene which conduces so much to promote the fitness of armies in the field, as it is well known that one uncleanly careless individual may be the means of bringing about serious illness and incapacity in a whole trench or series of trenches?

Let us consider the question under various headings:—

*Billets.*—It is generally recognised that, owing to pressure of time and other circumstances, the billeting officer who has to provide billets for a definite number of troops has often to accept accommodation without always insisting on sanitary requirements, and it is well known that frequently billets have had to be condemned later, after sore throats and other illnesses have manifested themselves, and one knows how frequently sore throats may be the precursors of various infective diseases. It seems possible that specially trained nurses might be able to render invaluable service in investigating and reporting upon doubtful billets. There is also the question of overcrowding, and, as Major Lelean has recently pointed out, adequate inspection of billets leads to sanitary redistribution and adjustment. Many faults such as dustiness, which might escape the male observer, would soon be discovered and dealt with.

I have recently had under my observation the case of a young recruit, who, along with five or six others, slept on a dusty floor and all contracted bronchial colds and sore throats. Sanitary Sisters would be able to give practical assistance in connection with hut encampments and would be able to supervise ventilation, dusting, &c., and would at once detect evidence of uncleanly habits, *e.g.*, expectoration, &c.

*Infectious Diseases.*—In regard to infectious diseases—measles, meningitis, &c.—prompt detection by the regimental medical officer is, of course, all-important; and trained nurses might be of the greatest value in carrying out the instructions of the medical officer, as upon the efficiency of the measures of precaution taken depend the health and safety of numbers of other men who may be exposed to infection. In many cases, too, it is impossible to arrive at a diagnosis until one or more days have intervened, and these sanitary sisters might be of great value in visiting any such suspicious cases not ill enough to be sent to hospital, and in reporting at once if any definite symp-

oms should arise between one medical inspection and another. They would be able to keep pulse and temperature charts and so forth.

They would also be available for painting throats. On account of their aseptic training they would be extremely useful in helping their medical officer with anti-typhoid inoculations, as their hospital experience would enable them to carry out the necessary aseptic precautions in preparing the syringe and needles for the medical officer's use, and their services would also be available in attending to those men who suffered from an unusually marked reaction during the first 24 or 48 hours.

*Attention to Minor Ailments.*—There is a multitude of minor ailments which are not sufficiently grave to require hospital treatment, and yet the neglect of which may lead to incapacity, and many of which could be successfully dealt with by nurses under the supervision of the medical officers. Of course, the great object of a well-organised Field Ambulance Department is to prevent the occurrence of such minor ailments, but this good result cannot always be achieved.

Captain Webb Johnson has recently pointed out that in his experience the two commonest causes of absence from duty on account of minor ailments are sore feet and dyspeptic troubles. The foot inspection carried out by the medical officer after a march would surely be more effective if a trained nurse were present who could dress blistered feet or apply soothing lotions and powders in the case of those men whose feet were angry and red without being actually blistered; while they would also be able to examine the boots and stockings, as blisters are often the result of badly mended or ill-fitting and unsuitable socks, which it would be the duty of the nurses to replace. This work would be better carried out by women than men.

As regards dyspeptic troubles, special invalid diets different from the ordinary routine diet might be provided for men suffering from dyspeptic symptoms.

*Personal Cleanliness.*—The influence of Nurses might be considerable in regard to securing personal cleanliness in camps, *e.g.*, foot bathing, washing before eating, &c. They might also be useful in supervising the washing and drying of clothing, including efficient airing. Clothing loaded with organic matter due to sweat is most unhealthy.

In many other ways these nurses might better the physical and mental conditions of the soldier and so improve his efficiency, and in this connection it is interesting to note that Major Lelean in his recent lectures on Sanitation in War refers to the frequent difficulty in making adequate arrangements for the personal comfort and well-being of the various units, as the specialist Sanitary Officer, who is a sort of military M.O.H. cannot attend personally to the actual carrying out of all the arrangements for the troops under his charge.

*Food Supply.*—Much assistance might be rendered in regard to the great questions of food

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