

places the tray on a side table reserved for that purpose.

On our first day it took exactly ten minutes to serve sixty people.

As soon as the last one passes the steam table the man leaves his place and proceeds to refill milk and water pitchers, replenish bread plates and remove soiled dishes as the nurses finish, the two women behind the counter being able to take care of those who come late.

The cafeteria is open for breakfast from 6.40 to 7.50 a.m., for dinner 11.30 a.m. to 12.50 p.m., and supper 5.30 to 6.50 p.m. Our dining-room seats eighty-five at one time, and we find no difficulty in serving from 175 to 200 people in the hours given, each being well and carefully served with a hot meal, far more appetising than when placed on the table in large quantities.

After a month's trial we wonder how we ever endured the old way, with its indifferent service, cold foods, and mussy dining-room. Now we have hot dishes hot, cold dishes cold, only taking what we wish to eat, as we can quickly secure a second portion if we desire.

The dining-room presents a much more attractive appearance, and there is no crowding because the meal hour extends over a long enough period to serve everyone in comfort.

The diagram will give a very good idea of the plan of the dining-room, and below is an itemised account of the expense of the undertaking:—

	Dollars.
Steam Table and Urn ... ..	194.70
Pipe and Fittings ... ..	9.59
Two Tables... ..	10.00
Insets ... ..	12.90
Trays ... ..	45.00
Individual Teapots ... ..	22.48
Total ... ..	294.67

We do not serve our midnight supper on the cafeteria plan. Our dietitian arranges the menu for that. We have trained one of the night men to serve it. We serve hot soups, meat or meat substitute, a relish or salad, some light dessert, as a pudding, fresh fruit or a frozen dessert, bread and butter and hot coffee with cream. We try to have an occasional surprise and not to repeat the menu of the five o'clock supper.

*From Pacific Coast Journal of Nursing.*

We are holding over until next week our report of the Valedictory Meeting of the Nurses' Missionary League.

## PRECAUTIONARY METHODS IN VENEREAL DISEASE.

The eminent men, medical and otherwise, who form the officials of the National Council for Combating Venereal Disease, make reply in Monday's *Times* to the announcement of a new Venereal Prevention Committee to which we referred last week, and state the communication published by this group "shows a serious misunderstanding of the position with regard to the campaign against venereal disease, which has been adopted by the signatories of the White Paper and by the National Council for Combating Venereal Disease.

This misunderstanding is likely to have unfortunate consequence upon the lay public. The difference of opinion between medical men is comparatively slight, and it relates only to the best method of early preventive treatment, administratively practicable in an undisciplined civilian community. All, without exception, are agreed that the present facilities for general, continuous, and effectual treatment of venereal disease now available in the country are totally inadequate. The difference that exists is on the technical medical point as to whether it is more effective to impress upon the general public that local cleanliness with soap and water immediately after exposure to infection, is likely to be a better and safer method, coupled as it must be with instructions to obtain medical advice at the earliest possible moment or whether various special disinfectants should be advocated.

After considering the question very carefully from the medical point of view, the following resolution was unanimously passed by the Medical Committee of the National Council, endorsed by the Executive Committee, and reported to the General Council at its annual meeting:—

That while this committee does not recommend any change in the policy of the Council with reference to the use of prophylactic packets, they would urge that in the Council's propaganda more stress should be laid on local cleanliness immediately after exposure to the risk of infection.

Such preliminary cleansing could not be confused with treatment, nor does it absolve the person from seeking medical advice at the earliest moment.

This resolution is being given the widest possible publicity throughout the branches of the National Council, and the recommendation therein contained is being emphasised by the Council's lecturers when speaking to all sections of the population."

Sir Bryan Donkin replies to the above statement in the *Times*, Oct. 8th. He considers it fails to establish the complaint of misrepresentation. Moreover, those who hold that the National Council's scheme is largely ineffective do not simply rely on "various special disinfectants," but "persistently advocate the immediate use of any disinfectant with appropriate instructions as to use." Sir Bryan says it cannot be contested that figures which relate to men in barracks and under military

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