lung had been collapsed, healed by this lengthy process, and finally allowed to re-expand to undertake the load while the other one underwent similar treatment. A fairly frequent complication should be mentioned, pleural effusion. This is not necessarily serious, and even may be beneficial, as is pointed out above.

Without going too deeply into statistics we can say that the method long ago established its place among the useful tools of medicine. A large number of clinicians have reported their personal experience with it, and the general conclusion from their observations is that a good half of the cases so treated show improvement. Two years ago, W. C. Farmer, (*Texas State J. M.*, December, 1916) gave the following analysis of 1145 cases treated by twenty-five American observers:

Quiescent, arrested	-	22 per cent
Improved	- -	29 per cent
Not benefited	- -	49 per cent

Floyd of Boston, one of the leading men in the field, states that 50 per cent of all cases do well, showing marked improvement or clinical arrest, quoting the figures of Sachs, Shortle and others (*Boston Medical and Surgical Journal*, March 14, 1918). and we must not forget that in spite of a present tendency to collapse early cases, by far the greater number so treated in the past, cases on which these statistics are based, have been advanced, often even desperate cases.

SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

BY GRACE E. ALLISON, R.N.

Chief Nurse, Base Hospital No. 4

PART I.

Although the organization of Base Hospital No. 4, U. S. A., was begun several months previous to the declaration of war, the advanced notice of the impending mobilization came very unexpectedly on April 29, 1917, and gave us little time in which to make preparations for our indefinite period of service over-seas. Almost every member was engaged in some responsible field of work. However, it seemed that every one was concerned in our interest and welfare and rallied to our assistance. The Daughters of the British Empire, the Lady Board of Managers of the Lakeside Hospital, the Cleveland Red Cross Chapter, the Lakeside Alumnae, and many other kind friends offered many gifts which have contributed much to our comfort dur-

ing our experience over-seas. On May 6, sixty-two nurses from various parts of the United States assembled with the general Unit at Cleveland and entrained for an unknown destination.

The time spent on the train, journeying to New York, was largely consumed in taking measurements for out-door uniforms, which at that time had not been provided. The matter of Army records was also taken up and we were given instruction in the first essentials of Army work, including swearing our allegiance to our country, after which we became members of the Army Reserve Corps.

Arriving in New York, we were quietly and expeditiously transferred by ferry to the Cunard Liner, *Ordunna*, where assignments to quarters and other necessary provisions were made for our comfort and welfare. Here we met Miss Noyes, Director of the Bureau of Nursing Service, who distributed our capes, caps and other equipment, and who gave us many words of encouragement. Miss Nutting and Mrs. Helen Hartley Jenkins, Mrs. Draper and others made our departure much easier by their kind words and messages. Mr. Samuel Mather, president of the Lakeside Hospital, who had been most interested in the organization of the Unit, hurried from California to bid us God-speed before we should start on our journey. At last all was in readiness, ropes were loosened, and the first Unit to sail over-seas after the declaration of war, moved down the harbor, singing "The Star Spangled Banner."

The eleven days spent on the ocean voyage were rather uneventful, much of the time being consumed in classes and military drills which were held regularly, both for the nurses and the corpsmen. Instruction in life-boat drills was also given and there were many moments of pleasure arranged for our benefit. The time passed quickly and gave us less opportunity to think of possible dangers or of dear ones left behind. That every nurse was a soldier, was evident from the first day on ship-board.

As we approached the Irish coast, we were necessarily a little anxious, inasmuch as "U" boats were very active there at that time. Two days out from England we found the weather disagreeable, the sea being rough and foggy. By the use of wireless, our convoy found us and there was indeed great rejoicing throughout the ship as the first American destroyer to convoy a British ship assumed its protective position in front of our steamer. We finally reached Liverpool. Representatives from the British and American armies were there to welcome us and after speeches were exchanged, the officers went ashore. The nurses were ordered to remain on deck until further notice, which was not forthcoming for some time. We afterward learned that the delay was due to the fact that a cable had been re-

ceived, stating that "All nurses were male nurses," and for this reason no accommodations had been arranged for our reception. However, this difficulty was finally overcome and we were very comfortably cared for during the twenty-four hours spent in Liverpool. The officers having preceded us to London, an official of the British Government escorted us by a later train, and we arrived in London on May 19. As this was the first appearance of America's entrance into the war, England was most solicitous as to our reception. The Dowager Countess of Airlie, representing Queen Alexandra and Lady Roberts, Miss Beecher, the British Matron in Chief, Miss Lloyd Still, Matron of St. Thomas Hospital, Miss Cox-Davis, and others were there to welcome us. As I look back at this experience, I wonder whether the United States would have shown the same honors to the nursing profession as did England in receiving nurses officially at the War Department.

The five days spent in London were extremely busy ones. Among the functions given were receptions at Buckingham Palace, where Their Majesties, the King and Queen, received our Unit, as did also Her Majesty, Queen Alexandra at Marlborough House. Ambassador and Mrs. Page held a reception at the Embassy and Mrs. Whitelaw Reed gave an afternoon tea for the members of the Lakeside Unit and for the Harvard Unit, which had just arrived in London. Receptions were also given at the Nightingale School, at the Royal Free Hospital, and there were various other functions. We were very glad indeed to have this opportunity to meet Mrs. Bedford Fenwick, who has contributed so much to the advancement of nursing in England.

At last notice came that we were ordered to France, and Miss Beecher, Matron in Chief of the British Nursing Service, and other representatives bade us God-speed on our journey, as the train started for Southampton where we were to embark for our final destination. Here we were transferred to the hospital ship *Western Australia*, and assignments were made to the lower part of the ship, where each nurse was given a hospital cot. Our bags had been taken from us and were not as accessible as we had expected them to be, but this being active service, the inconvenience was overlooked, as we fell asleep wrapped in our life-preservers, still fully dressed, ready for any emergency. We were aroused suddenly by the shot of a gun which proved nothing more than an order to stop, as our ship had apparently failed to observe the proper signalling required. Morning came at last, and we laid anchor, awaiting the tide. The fog had disappeared and the sun shone brightly as if to lighten our entrance into France. Our ship had now entered the Seine and "Old Glory" floated proudly as she returned the greetings from passing ships and

stations on the shore. Up to this time, war had seemed remote, but as we passed small villages or lonely thatched cottages on either side of the river with their small groups of aged and depressed peasant folk with perhaps one or two small children or infants, we realized keenly that the three and one-half years of warfare had deprived them of their sons and fathers, some temporarily, but many that would never return. Young women were conspicuous by their absence, they too having gone forward courageously to contribute their utmost toward this gigantic struggle in munition plants and factories where their services were needed. A German prison camp was passed, where hundreds of soldiers were confined within a large area enclosed by a barbed-wire fence. These soldiers were stalwart, mature men and seemed well nourished. They gazed with interest upon us but I doubt if they comprehended the significance of the entrance of America into the war, as one later, when seeing the United States insignia upon the uniform of an American officer, remarked: "America—and are you with us?"

At the close of the day we found ourselves approaching Rouen, that unique old city which was to be our future temporary home. As the ship steamed toward the dock, great throngs of people crowded to the wharf. As we moved off and marched through the town, there was left no doubt in our minds that war was a reality. Practically every woman was dressed in mourning and the children, with their emaciated pale faces and their customary black aprons, added to this sad picture of misery and distress. Their cries of *Vive L'Amérique* will never be forgotten. It was the realization of hope to them,—it renewed our spirit of determination.

After marching a distance of two miles, we were met by the dusty gray ambulances which conveyed us to our final destination, the British hospital, since known as No. 9 (Lakeside, U. S. A.) General Hospital. The institution had been built by the British in the early period of the war and presented an interesting picture with its twenty-five long, brown-stained, wooden huts, and its numerous tents, all laid along streets running in parallel directions. As we passed the administration buildings, we noticed the well-kept lawns in front, on which a flag pole had been placed and from its mast was seen the Union Jack with the Red Cross flag. Here, later, floated the first official American flag to fly over European soil after war was declared. Beyond the administration block, along the main roadway, we came to several brown buildings known as the Nurses' Quarters. The attractive English flower gardens on either side of the path and within the well kept lawns seemed in readiness to add to the gracious reception awaiting us within.

It was a glorious welcome to our new home and we felt that our opportunity to serve in this great struggle was now before us. The journey was over and after little disturbance or delay, sixty-five weary nurses became oblivious to all about them as they lay on temporary beds on the floor,—the beginning of active service at the front.

(To be continued)

FOOD CONSERVATION AND INVALID COOKERY

BY ALICE URQUHART FEWELL

Los Gatos, Calif.

In spite of our efforts toward food conservation during this past year, we are told by the Food Administration that even more care will be required in the future if we are to make the necessary shipments of food to Europe. The laying down of arms has not solved the food problem, for with the coming of peace we must help to feed those countries with whom we have been fighting, and it will be many months before food conditions in Europe return to normal.

We have been asked to conserve wheat, meat, fat, and sugar, and the conservation of these classes of food in their relation to invalid cookery is well worth discussion.

In order to save wheat, other cereals must be substituted in part, though the wheat regulations now are not as strict as they have been. Corn, oats, barley, rye, rice, tapioca, arrow root, soy beans, and potatoes may all be made into flour, and used as wheat substitutes. Corn meal and barley are, perhaps, the most commonly used.

There has been much discussion as to the food value and digestibility of the substitutes as compared with wheat, and the discussion is especially applicable to invalid cookery. It is conceded by authorities, generally, that such substitutes as corn, oats and barley, are equal in food value to wheat itself. Their digestibility depends largely on proper preparation and cooking. Barley, when well cooked, is as digestible as wheat, and barley flour made into gruel has long been used in the diet of infants and invalids. Cornmeal is, perhaps, the most difficult of digestion, but when cooked for a sufficient length of time, it is found to be digestible, and is well borne, even by invalids.

The flavor of the wheaten breakfast foods is preferred by most people, but the substitutes can be made quite as palatable by proper cooking, and by combination with fruit. When making cornmeal mush, a long, slow cooking is necessary to bring out the flavor and to render it digestible. The cornmeal should first be mixed with cold water, to prevent lumping when the boiling water is added. It must