

cian or nurse to fulfil these provisions even if they have not been formulated, but to bind oneself by a solemn obligation, in the presence of witnesses, gives, in my opinion, useful moral support against possible future temptation.

HOSPITAL CARE FOR THE ADVANCED AND INCURABLE CASES OF CONSUMPTION *

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For some few years past, the pens of the scientific and philanthropic have busied themselves to such an extent with tuberculosis, that very few among the learned, or unlearned, remain absolutely ignorant of the causes, methods of treatment and prevention of the White Plague. But the foolhardy indifference and negligence of the public, of the great mass of humanity, continue to a degree beyond what seems explicable to the more thoughtful few.

If the truth of the trite saying, "Fore-warned is fore-armed" be not warped and threadbare from the test of time, surely tuberculosis must soon disappear along with other deadly but vanquished foes of human health and weal.

The tremendous educational work being carried on in the widespread tuberculosis campaign *must* compel attention and with it, the interest and coöperation of the public. This will lead to suitable provision for the consumptive in every phase of society.

Already by the aid of the press, the tuberculosis exposition, lectures, etc., there are very few who are not familiar with the nature of the disease, and some approved methods of prevention and cure. All of this educated public sentiment has led to the establishment of numerous sanatoria throughout the country, yet the demand for such care for the victims of pulmonary tuberculosis continues to be most inadequately met.

The wealthy and even the people of moderate means need concern us comparatively little at the present time, in so far as individual cases in their own homes are considered. The chief difficulty with such cases is in securing prompt diagnosis and, in some few instances, in gaining faithful and intelligent coöperation with doctor and nurse in combating the malady.

* Read at the International Congress on Tuberculosis, Washington, D. C.

This class of patient, if in the curable stages of the disease, has no trouble in obtaining sanatorium care if desired, and if not, the supervision and encouragement of skilled nurses in the home.

These patients can also provide themselves with whatever environment is deemed most agreeable and advantageous.

After almost a decade of experience in visiting nursing, one must realize the imperative need for hospital care of the consumptive of very limited means and the indigent consumptive cannot be lost sight of; for if this warfare against the awful scourge is to be victorious, this seems one of the most important points upon which to concentrate attention, and provide without delay the scientific and financial where-withal essential to establish and equip, first of all, hospitals for the incurable consumptives of the poorer classes. Not only should these institutions be provided, but such legislation, both state and municipal, must be enacted as may be required to compel every victim of tuberculosis who is unable to secure suitable care in his own home (or who either cannot, or will not, use such precautions as to prevent his being a menace to the health of the family or others), to enter the hospital.

From a financial standpoint this is in every way a wise and profitable investment.

Consider, for instance, the incurable, or careless consumptive in a home where laundry or needlework is the main source of income, or has been adopted as such, because the chief bread-winner in the home, since the consumptive became an invalid, must have home occupation, in order to care for the patient at all. In winter, there must be only one fire, that usually in the kitchen, and often we find the bed of the patient moved into this room, especially if clothing and bed-clothing be insufficient. The family launders clothes, which are often placed upon this bed before being put into the baskets or parcels to be returned to the owners, who, in turn, for airing, etc., place them for some hours on their own beds, or at all events in their bedrooms.

The members of the family of the patient eat all meals in their kitchen, and if equal to that much exertion, the consumptive does what he can toward the preparation of the food. The result of such conditions requires no explanation. Suffice it to say, that perhaps in nine cases out of ten the patient's family and the families whose laundry is thus contaminated, do not escape infection! Even with instruction and the help of the visiting nurse and such further aid as to food and clothing as the charity organization, diet kitchen, church guilds, or generous individuals may contribute, many cases in these conditions cannot apply what they know to be right methods of care and prevention.

One of the most pathetic cases in our city was a mother of five or six children, the youngest an infant of a few months; the husband, employed in machine shops, had to leave home at six o'clock in the morning on account of his work, and be absent all day. None of the children was old enough to keep the home in order, or attend to the mother. A kind neighbor came each morning, prepared food for the day, and made the toilet of the mother and baby. All day long the children played in and about the room, climbing on the bed, kissing and carressing their mother, devouring eagerly the bits of food or drink left in her plate or in her cup. When weary of play, they would sleep as closely to her pillow as possible. These were the conditions found by the nurse. She explained the danger to the mother, who said, "Ah yes, when I was first taken, we had a doctor, but he said I could never get rid of the cough, but I must do all I could to keep up my strength. Told me what to eat and said always take as much as I could swallow, that the cough was catching and I must not have the children around. But you know, Miss, I don't believe I am going to be here long, and my man and I tried to plan the best way about it all. He wants me to pay the lady, our neighbor, something for coming to fix us up and get the meals cooked. So he keeps on at work to get house rent and the things to eat, but it has kept cold so late this spring we had to let the Association give us some coal and wood. So he works every day, and the children are pretty good here with me—not much trouble. We cannot send them away because they are so little, they would forget all about me, so we will keep them until I go, then they must live with his people and mine. It can't be much longer I am sure, Miss." Here a little lad of less than four years ran in from the street—just to be loved a little. The nurse tried to make him understand that it was best not to kiss or touch sick people. But the little fellow looked up so earnestly at her and said, "Wouldn't you want to kiss your mamma every time you could?—and if she was sick you ought to want to all the more."

Could this woman have entered a hospital, the danger of the family would have been greatly lessened. The expense of the household, perhaps, would have been smaller. Surely, then, the chances would be greater for preventing the husband contracting the disease and becoming himself a dependent, leaving the children also without support.

Tuberculosis, like other ills, is a case to be fought in the home. But there are instances where suitable provision cannot readily be had or made in the home.

During the past year, our sympathies were greatly aroused in

behalf of a young Austro-Hungarian girl of eighteen, who spent a little more than two years in America, absolutely alone as to family connection in this country. Her case was quite promptly diagnosed and with care, seemed in every way curable. She was intelligent and did all in her power to aid our efforts in her behalf. In a short while, her means were exhausted, and she was dependent upon a Hungarian family (whose acquaintance she had made while in America), for food and shelter. It was soon found that she had little food excepting the milk and eggs which the nurse provided. Funds were raised to place her in the little sanatorium in the mountains of Virginia. She improved steadily, but slowly. Being very energetic and industrious, the enforced idleness was most trying to her. The physician-in-charge, also an Austrian, knowing the expense was heavy upon us, and noting her restlessness, which increased with her improvement, advised that we send her home to Austro-Hungary, as her parents were living, and her home in a most healthful section of Austria. Furthermore, as it would be very long before she could retain what progress she had made, except under sanatorium care, it would be cheaper.

This brings out yet another point—unless light employment can be provided for these improved cases, or their support guaranteed, nothing whatever of material gain is derived from a short stay in a sanatorium. The patient learns to take care of his case and to protect others, but he has not sufficient means to apply the education he has obtained. The situation is quite identical with the Scriptural account of the destitute brother or sister who is told “Depart in peace, be warmed and filled, notwithstanding ye give not those things which are needful to the body.” What doth it profit? With sufficient and proper food, favorable environment and not too arduous work, the consumptives who have had the improvement which comes from a short sojourn in the sanatorium, or even many of the advanced cases, may earn a living and perhaps aid others.

Yet, the percentage of cases able to provide such conditions is extremely small, and the majority must be aided, and usually this assistance can mean only enough for palliative treatment—nothing better!

Self-preservation demands that each and every individual shall exert all the influence possible to procure hospital care for all tubercular patients in such need.

Some years ago, when my professional career began as superintendent of a hospital in the city of my adoption, with no special ward or provision for tuberculosis, no modern methods of fumigation and sterilization, consumptives were admitted promiscuously to the hospitals.

At my urgent request, our board of directors began to refuse all cases of consumption and intestinal tuberculosis, and within three years not a hospital in the city, excepting the almshouse, would admit such cases. In the past four years, the insane hospitals provide special and up-to-date care for their consumptive patients. We have also a few private sanatoria for consumptives; but to the great masses of white and negro poor, only the almshouses are opened. These give little more than shelter and simple food, little if any instruction and scientific care. Public safety calls for more sanatoria, but especially for hospitals for the incurable consumptive poor!

The state, public health boards, religious organizations, wealthy men and women, must accept the expense and responsibility of providing these hospitals, if the scattering broadcast of tubercular infection is to be restricted and stamped out. How long must this call be so feebly answered? As Miss Fulmer has said: "Why this dearth of soldiers in this modern warfare against this overwhelming, insidious enemy?" The reward is great—what is better than saving to our homes and state human lives whose waste is now so far beyond accurate reckoning?

HOUSEKEEPING FOR TWO

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SOME day when there is time enough try a lamb stew. You must not attempt to do it in a hurry, because the tougher portions of meat are used for stews, and nothing but long cooking at low temperature will make them tender and palatable. It is always a satisfaction to convert one who "hates stews," and it can usually be done by setting before him a stew in which a little brains and some care have been used.

Have the butcher give you a pound of shoulder of lamb, cut in pieces for stewing. He can usually be trusted to give you nearly two pounds if you ask for one. Wipe the pieces of meat with a damp cloth, put them in a kettle and pour over them enough boiling water just to cover them. Cover the kettle, and bring the water quickly to the boiling point. Then turn the fire low and let the water barely simmer until the meat is tender. If a bubble comes to the surface now and then, it is cooking fast enough. It should cook about three hours, but it needs no attention except to see that it does not get to boiling. Add salt and a little cayenne or paprika when it is about half done. An onion may