

Often the work was of the most primitive type. Mary Pritchard (Poli-clinic, Chicago) wrote in the Military Number of the *Journal*, the following account of her work in the cantonment zone at Charlotte, **North Carolina**:

When I came here on short notice six months ago, I had visions of doing general visiting nursing. Upon arrival they informed me that I was to do tuberculosis work. The one visiting nurse in town, who was supported by the churches, gave care to bedridden cases when she had time. An industrial nurse looked after insured cases. I had to cover a city of fifty-five thousand inhabitants, besides the mill villages. We often walked ten and twelve blocks at a stretch to make a call. Outside the heart of the city some of the districts do not know what a sidewalk or a bit of pavement is; the soil is red, sticky clay. Snow, rain and mud makes you stick and slip and sink over your rubbers, ford creeks, climb up embankments and hurdle ditches.

The population included mill-hands, foreign and native, white and colored. Miss Pritchard's report continued:

The colored districts have small separate houses or cabins, usually old and dilapidated. About half of these have no sewer connections and those which have are very poorly equipped with the outside flush toilets, so often out of order. The only means of heating in most cases is the old-time fireplace. . . . When a nurse wants hot water, all she has to do is to set a pan of water into the fireplace.

The mill houses usually have four or five rooms; they are better constructed and kept up than the houses built to rent, but are terribly cold in winter. Only one of the eleven mill villages has sewer connections. Two mills have put in aseptic tanks for the outside toilets; the others will be compelled to do so this spring on account of the camp being here. We have the problem of the lodger, both male and female, in the mill homes as well as among the colored people.

Contact between carriers of communicable diseases and the soldiers in nearby cantonments was often direct. Miss Pritchard wrote:

This work, done primarily to protect the troops, has brought out some interesting facts. Two colored women came to the dispensary, one an old lady going blind and the other with a cough of long standing. One was found to be syphilitic and the other an open case of tuberculosis. Both had been doing soldiers' washing. In another squalid home I found the mother of two tuberculous children ironing the soldiers' clothes and putting them on a filthy bed.

I was also assigned to the venereal clinic, maintained by the U. S. Public Health Service. Two physicians of this service are in attendance. A nurse, formerly connected with the medical social service department of a large city hospital, was assigned by the Red Cross to do dispensary and "follow-up" work. A male nurse assists in the clinic. It is estimated that forty per cent of the colored people, who comprise one-third of the population here, have venereal infection; the percentage is almost equally high among the whites.

Miss Pritchard described some of the difficulties under which the unit set to work:

I first called upon the local physicians. Three had their office girls inquire very carefully if I were soliciting funds for the Red Cross before they would consent to see me.

Most of them thought that there was a great deal of tuberculosis here which was only being reached by the physicians after the hopeful stage was past. The state sanatorium had such a long waiting list that such patients as would consent to go so far away from home usually died before there was a bed for them. As there was no system of follow-up work, home care had proven very unsatisfactory. The colored physicians were deeply interested, speaking especially of the problem of house infection. One tuberculous family would move out and a healthy one move in only to become infected, and this process would be repeated over and over. Susceptibility, poor living conditions and the fact that patients were so loath to admit that they had the disease, as it kept them from getting employment, made their work most discouraging.

A young negro man came to the dispensary about three weeks ago, referred by his doctor for a diagnosis. He proved to be an open case of tuberculosis and seemed intelligent and cooperative. I told his mother what his trouble was and made quite satisfactory sleeping arrangements for him. On my next visit, the old lady informed me that she never heard of such foolishness and she was going to take her baby (who is twenty-six) and move away from here; he only had a cold and I "needn't ter come interrogatin' round dar any more!"

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