

The nation owes much to the skilful care and attention that has been bestowed by physicians, surgeons and nurses. Their anxiety has been great, their responsibility a heavy one, but through it all they have been remembered by the loyal and loving subjects of King George. Her Majesty the Gracious Queen Mary and her royal children have borne their great burden with marvellous fortitude and to all their subjects have been an example of patience and wonderful self-control. The sick room has taken up much of their time but the nation's claims have not been put on one side. Both Her Majesty the Queen and His Royal Highness the Prince of Wales, have become members of the Council of State, appointed to act on behalf of King George during the time of his incapacity.

We, the nurses of India, cannot but voice the thanks and songs of gratitude with others of like mind, and sincerely hope and pray that our beloved sovereign and his gracious consort may yet be spared many many years to rule and reign over us.

"God save the King."

Up to the present, no one has intimated willingness to take up dietetics on behalf of the journal. The editor is still open to receive help on this subject.

Several important notices are issued this month. Kindly read, mark, learn, and inwardly digest, and act accordingly.

FRIENDLY RELATIONS WITH THE FRIENDLY RELATIVES

Paper read at T. N. A. I. Conference, Calcutta

BY MISS GRACE M. ROOD

HERE in India, as in other foreign countries, we are faced with many questions and problems which are not dealt with in the syllabuses of our own training schools in the homelands. Hence, we are quite unprepared to meet them. And we can only find their solution by discussing them with the older nurses who have found the best solutions for them. How often do I think, "this would never have happened at home." And I sometimes wonder how our stately old "Supt." would look doing this or that. I am sure that she has never had to go to the police station at 2 A.M. in the morning. The same in reference to many things that the Sister has to do here.

It seems to me that one of the chief privileges we have as an association is that we can meet together, as a group, and discuss the

difficulties that are unique to our positions in this land. Having been in India only a few years myself, I hesitate to say very much, but hope that the little I do say may draw out some discussion which may prove mutually helpful to us all. Also I well realize that conditions in South India are a bit different perhaps from those in the North, and that always conditions in the Female hospitals are not the same as in the Male or in the General hospital. I am working in South India and in a Female hospital.

In beginning any sort of a discussion of problems here, I think that it is advisable to first compare things generally with similar conditions at home. So I feel that it is well to think a little about the temperament of the people. One of the first impressions I got of Indian people was received as I rode along the road in a motor car. The unconcern with which they walk along in the middle of the road among the cattle and the bandies, the slowness with which they respond to the repeated honkings of a motor horn, makes one realize how little disturbances seem to affect them. We can hardly call them phlegmatic, and yet they certainly seem to be impervious to noise of any kind.

Then, I think of the influence that their home conditions must have on their temperaments. The crowded conditions which prevail in many of the homes make quiet and privacy quite unknown qualities. The woman at home who has "nerves" ought to live in India a while, there do not seem to be as many people here afflicted with that disease. When the people are so used to having a tribe of people around, I can understand, how a few relatives, more or less do not annoy them when they are ill.

Then I must needs think what a startling new experience it is for patients to come into a European establishment for the first time. At home for a while, I did what was called "Hospital Social Service". It seemed to me that I was spending most of my time in trying to persuade people to come into the hospital as patients. As I look back upon the fear, ignorance and the general attitude of the people that I worked for, there, where there was so little difference between a hospital bed and a private one, with general home conditions so much like general hospital conditions, I am not surprised at the attitude of the Indians who come in here. In fact, I really admire the courage of the patients who come in from the districts, even if they do feel need of the protection of a few relatives. I remember the first time at home that I went away alone to spend the night. The elderly couple, who were entertaining me, put me to sleep in a high bed that I had to use a chair to climb up on to and then left me alone. I hung on tight to the bed clothes hoping, that I wouldn't fall out and wished that my mother were along. Can I blame the patients for feeling a bit afraid the first night on one of our high beds?

Now, let us turn our attention to the relative advantages and disadvantages of allowing the relatives to camp at all hours in the hospital. I shall only try to touch on four points. The advantages or disadvantages to the (1) Hospital, (2) Nurse, (3) Patient, (4) Relative.

Many problems in India arise from the difference in castes. Here the difference in the cooking arrangements comes from that. Because of caste, it would be nearly impossible to force all the patients to eat only food supplied by the hospital and prepared in the hospital kitchens, even if we could afford to run it on a caste basis. Besides that, although we charge only about what it costs us to supply the food to the people we supply from our kitchen, handing over "cold cash" seems much more expensive to the average Indian than cooking and bringing food from home. So we really save expense to the hospital, seeming expense to the patient, and complaints as to the quality of food and the keeping of caste. Then, I cannot help thinking of home, how much nicer and more appetising were the bits of food sent in by kind friend than any thing made on a large scale in a hospital kitchen. Being able to order your diet just as you please, instead of always having to take what is on hand must have its advantages. There is always the question in one's mind as to whether the regulations on diet are being followed. After we carefully give lead and opium pills for a week after a recto-vaginal repair, and run for a little extra opium instead of a bedpan when the bowels feel inclined to move and then, when we give the routine enema, get three or four bedpans full of curry and rice remnants, with the patient still declaring that she has only been having milk and coffee, we feel as if we would like to push out all the relatives. And then if we find that, in spite of it all, the stitches have still held, we forgive them.

I marvel at the scarcity of pediculi that come to my notice here. We can keep our patients themselves free from lice by requiring them to wear hospital clothing, sending their own things home, and seeing to their baths, but as to the relatives, there is always the chance for them to bring in dirt and infection. All we can do is to keep cleaning.

"Routine" was a word almost burned into our brains at home. We almost were taught to get down on our knees and worship it. I do not know if it is in the Indian dictionary, I have not found it if it is, if it were as much a sin to break it here as it is at home, none of the relatives would ever get to heaven. It is so impossible to routinize the eating times, it seems as if I never "make rounds" without finding someone eating. As it is impossible to lock the babies in their bassinets, they do get sneaked out to feed when they are hungry instead of at the regular times. Relatives kill routine.

We also have the problem of keeping track of hospital linen. That's another problem I'd like to see discussed. It is very easy for a relative to get a piece of cloth into her bedding roll by mistake, but she seldom seems to remember to return it.

Theoretically, our nursing staff should be so efficient and adequate that other help would be neither acceptable nor necessary. Perhaps in other hospitals you do not ever need the help of a relative. Here I find it a help and a saving of the nurse's time to let a relative comb the hair and to feed a patient who is unable to feed herself. Ordinarily that is the limit of what they are allowed to do. But I never object if I find them helping a nurse to lift a helpless patient, or to hold down a child during an enema or a like treatment. At night it adds to the ease of night duty to allow a relative to sit with a patient whose labor pains have started. It is regular routine to allow a second relative to remain with an eclampsia case, it saves us the service of a special nurse. In the isolation ward, if there is no relative to act as chaperone to the nurse who must eat and sleep there, we have to hire an old woman from the outside. So a relative saves us money here.

In spite of rules to the contrary, we of course, find the relatives helping the nurses in ways that they are not supposed to. If you can get a relative to give a bed-pan, or rather can be looking the other way when she is doing it, why worry.

The patient herself in such an absolutely new and strange environment, must find it a comfort to have a familiar face nearby. Besides that it adds to her ease to feel that she may summon a nurse at any time. And then if anything goes wrong she may send her relative home at once to complain. Besides that I find that there is an actual sense of physical protection. A man will not send in his wife unless he feels that she will be safe. What does he mean by safe. For one thing, that while she is lying helpless no one can sneak in and rob her of her jewels. Also as a protection to him, no other man may come in and make love to her. Besides that, if we try any operating or anything else on the sly, the relative can prevent it. Patients in more advanced countries are often afraid of enemas, here the relative can watch and see that the patient is not hurt.

Of course, there is the disadvantage of the noise. Grandma comes in to help, she is most easily spared at home as she is very old and very feeble and very deaf. She is a help to the patient, I am sure. By the time the patient calls to her and gets her to understand what she wants everyone in the ward, even the people in the next ward know what is required. Then when Granny falls down the stairs and cuts open her head, we have another bed to fill and another mouth to feed, and more.

opportunities for the nurses to cultivate loud voices. The people have not yet learned the art of whispering, it is not taught in their schools. Their ordinary tones of voice are loud enough to carry a bit too far.

There are times when we feel that the patient would be just as happy without someone to sympathise with her. At least without some one to weep with her. And when the patient is at the point of death, and we are trying our best to hang on to the feeble thread of life, the noise and confusion of the beating of the breasts certainly does not tend to reassure her. And when the kind friends summon the Priest in the middle of the night "to administer the elements," it cannot but make her feel that the end is near. And is there any surer way of hastening that end besides making her realize its approach. I wonder how many of you find the kind friend who is staying with the waiting maternity patient practising a little midwifery on her own, I suppose she is learning when to call the nurse while she is doing a vaginal, but it does give one an awful shock to see a dirty hand being withdrawn from a place that you are trying hard to keep clean and aseptic. They don't get a chance to break any of the technique of the operating room. But sometimes curiosity gets the best of an inquiring relative and she removes the bandages to see just what the doctor has done.

If we are giving our best in every way, I think that the relatives should be impressed with our kindness, and should become less afraid of hospitals and medicines in general, and our own particular place. So often at home after a patient returned to his own town from the hospital, he would so well advertise the place that others would come in for treatment. If the relatives as well as the patients could become advertisers for hospital treatment, what an increase in patients there would be, and how many more people we could reach.

I have been thinking more and more about ways in which we may directly be a help to the relatives. It was a long time before I realized that in them there lay for us a great opportunity of service, that really we almost have an obligation towards them. I myself, although I like hospital work, am very fond of Public Health Service and Visiting Nursing work. If we do nothing but heal the present physical needs, I feel that we are doing very little. It seems to me that even along the medical lines it is a bigger task. It seems to me that all through India very little has been done in a practical way, in giving lessons in homemaking and homekeeping. Somewhere, I believe that sanitation and personal hygiene ought to be taught and in a very simple practical way. Giving lectures, and having Baby weeks are mostly beneficial to the more educated people, and even then are not always carried over to the homes. It reminds me of a time that I asked one of the girls

why she didn't do something the way that she had been taught in the class room, her answer was "Oh, but that is the way you do it in the class room." I feel that one of our strongest opportunities is to teach them hygiene in a useful way. I find that they take kindly to suggestions on the orderly combing of the hair, and are not averse to taking a bath in the patient's bathroom especially if they are provided with a towel and soap.

We of us who are Missionaries have as our chief aim "The bringing of Christ to India." We wish to reach as many people as possible. Many of the Indians, who come into our hospitals, are people who would not be reached in the schools or the churches. When they are in here with ample leisure time, they have the opportunity to hear about Christ and the leisure time to ponder over what they hear. If our nursing staff and all of us are really living the radiant Christian life, if we are really serving as Christ would serve, if we are taking every opportunity to express God's love, I feel that our lives should be a practical example of what they are learning from the Bible itself. We have the wonderful chance to teach the patients and their relatives what the life of Christ may mean for each one of them. They have a chance to see Christians at a much closer range and in a much more intimate way than in any other line of work. Do the patients and the relatives find a love and sympathy which instinctively draws them to Christ.

I have tried to point out, as I see them, some of the relative advantages and disadvantages of having relatives always with us. I may say, that I myself feel convinced that the relative advantages outweigh the disadvantages, and I for one vote that we let them in. I can see some of you smile and say, "Oh, well they will come in any way, and if we try to prevent them there will be no patients." But I feel that by seeing the situation carefully we may make the best use of the friendliness of the relatives, and in some way may prevent or at least minimize the disadvantages. Just how to do this raises another question or set of questions. The rules governing them vary in the different places. Ours are not ideal but they do help.

One and only one person may stay with the patient at all times and this is a woman. In cases of eclampsia and with a dying case we make exceptions.

In the afternoon from five to seven two other visitors are allowed who must get tickets through the Dispensary. We have the usual piece of railroad track and iron mallet to strike the time of coming and going.

We have a Chatram where, for a small sum, a room may be rented for the remainder of the family. Here, if the people are from out of town, they may camp with all the bags and baggage and pots and things

that they need. That keeps any extra stuff from cluttering up the hospital.

We have kitchens that they may hire, in which to do the cooking, so that it is never necessary for them to bring their charcoal stoves into the hospital.

None of them are allowed into the operating room, and in the delivery room only allowed to stay by the head of the table.

We are hoping now that sometime in the future we may build a chapel for daily prayers and for lectures of various sorts, for the patients but more for the relative.

THE PROBLEMS OF A NURSE

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PLEASE remember when you read this that I am writing of over twenty years ago. I was "a New Chum" in New Zealand doing private nursing in one of the cities. The following is one of the exciting experiences of those days. I was engaged to nurse a case in the northern part of the north Island. When the time came for me to go, there had been extensive floods in those parts and I had instructions to land on the opposite side of the river to where the Homestead was, because no trap could get from the usual landing stage to the place I had to go. I was told the husband would meet me there. When I landed there, I felt lost, as I saw only a few houses in the distance, but soon the husband came in his tiny boat, and explained we would have to cross the river in this to get to the landing stage on his farm. I noticed he watched my face anxiously as he told me—knowing I was recently out from England he wondered if I would "funk" the experience. However, I was quite willing for the adventure and even when we crossed the strong current did not feel any fear. We landed safely on the rough home-made landing stage close to where a house and trap was waiting for us. It was with the utmost difficulty we arrived at the house as the trap sank into the mud almost up to the axle. The house and a small piece of land was surrounded with water. My patient had got her baby and the doctor had been unable to visit her again because of the floods, so they were truly thankful to have at last got the nurse there. Both mother and infant did exceedingly well but the father developed blood poisoning in his hand. I used to get up at 5 A.M. to dress it for him before he went out to do what he could with the other hand, and it was doing very well with the dressings I happened to have to