

much by nurses in India as in England. How thoughtfully and daintily some one had provided cakes and chocolates, these too so dear to the hearts of nurses!

Reaching our destination, we were rather appalled at the idea of wending our way for some distance over stepping stones, but with some little assistance even the most nervous was safely landed. Then we wandered at will among the caves, marvelling at the immense and grotesque carved figures; our guides made the visit intensely interesting, but space does not allow me to enter into the history of the various gods and goddesses here.

On our way to the boat, small boys tempted us to buy their wares in the way of green beetles, seeds, walking sticks, etc., though no memento will be necessary to remind us of the Elephanta Caves. After we left the island there was more tea, causing some one to accuse the hostess of encouraging the professional failing. The journey back was uneventful, but the quiet afforded a good opportunity for conversation and for comparing notes with fellow-workers.

And so ended our picnic as far as the actual outing was concerned, though assuredly the remembrance of it will remain for many a day and will help us to press cheerfully on in spite of the difficulties, which, for the time being, we were able to forget.

PRIZE ESSAY.

(PRIZE GIVEN BY MISS TINDALL.)

NURSING ETIQUETTE.

MRS. E. DAVIDS.

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The Head or Charge Nurse of a ward must be a thoroughly trained nurse, able to teach her probationers the very rudiments of proper nursing and hospital etiquette.

She is responsible for the general tone of the ward and the working of her staff, and to see that all rules and orders are carried out and all work done at the proper time.

She has to be particular in her own manner and avoid behaviour that she would not allow in her assistants. She ought to be civil and courteous to all members of the staff. Should a Medical Officer, Superintendent of Nurses and even strangers enter her ward, she should receive them standing, and without being too forward be on the alert to accompany them about the ward and answer any questions which they may ask. In the absence of the charge nurse, the senior nurse left in charge is expected to do this duty.

A nurse will use her judgment and not leave off her work, unless she is really wanted, when doctors come, connected with any particular

duty of theirs. A movement to show that she is willing to give her assistance if needed is enough.

It is rude to sit while a superior officer is standing and giving instructions, or for an assistant nurse to sit and take orders from a head nurse.

The nurse must be ready to follow the doctor on his rounds and to answer his questions clearly and accurately, and only answer when spoken to, unless it is something important she should bring to the doctor's notice. She should be on the alert to screen patients for bedside examinations and be quick in removing clothes, without exposing too much, and in handing anything wanted. When a surgical dressing is to be done, she must know the particular dressing required, and get the dressing table, lotions and everything needed ready quickly without excitement.

A nurse ought to be quick to open a door when the doctor enters or leaves the ward.

The nurse is directly under the Lady Superintendent or Matron and must not forget to bring to her notice anything of importance happening in the ward, such as new admissions, operations and bad cases, etc. To consult and be advised by her in the working of her ward is only right.

A nurse's manner to her patients should be of a gentle dignity, courteous, kind, sympathetic and firm—not too familiar with them or allow familiarity. She should be particularly kind and attentive to a new patient just to remove the fear and dread one naturally feels on entering a hospital, by saying a cheerful word and giving a kind smile, and make the patient feel that she is among friends. Leaving them unnoticed even for a few moments, stamps an unpleasant feeling of neglect, which much kindness afterwards may not be able to remove.

The friends of patients are often a sore trial to the nurse, having to answer innumerable unnecessary questions, but fortunately all are not alike. Their questions may be due to their ignorant prejudice against hospitals and all connected with them. The best way to satisfy them is to assure them in a pleasant manner that the patient will be well cared for and tended.

All information about the patient's illness and previous condition and family history is of value to the doctor, and the nurse must find out from the patient's friends, if she herself is too ill to be questioned.

Strangers very often come wishing to see the hospital, but are diffident to say so, to such the nurse should go at once and ask if there is anything she can do for them, and offer to show her ward.

A head nurse should never leave her ward for any length of time without telling her senior nurse she is going and where she may be found,

as it annoys the Doctors or Superintendents to enter a ward and look in vain for the head nurse, and no one able to tell where she is.

The head nurse and senior nurse should not be off duty at the same time, without the consent of the Superintendent. The visiting of other nurses while on duty should not be allowed.

The head nurse should see that the senior or acting nurse has an accurate idea of the entire ward and its patients and what is being done for them, as questions and emergencies often arise that must be answered and met during the head nurse's absence. A written day and night order should be always kept, and bedside reports for bad cases, so that the relieving nurses find no difficulty in knowing what has been done and what ought to be done, although the giving over nurse gives a full report and instructions before leaving.

Intimate friendship between the head nurse and pupil nurse should not exist. For instance, if a pupil nurse makes mistakes or is careless and negligent in her duties, it is almost impossible for the head nurse to check and insist upon the work being done properly without some unpleasantness. If she fails to do them of course the work suffers.

When the head nurse is on duty all questions of ward matter should be left to her decision, and visitors should be referred to her.

A nurse should be quick, diligent and persevering and anxious to learn all she can during her training, not only for gaining knowledge for herself but also for imparting to others in time.

As the ward is, for the time being, a home for the head nurse, and her staff is, as it were a family, it is only proper that she wields her dignity in a gentle and courteous way, yet firm and insisting when occasion occurs.

To promote this good work, it is necessary for nurses to have that feeling of unity, an *esprit de corps*, prevail among them. All jealousy, discord and fault finding should be put away, for it only lowers the standard of a noble profession.

PRIZE PAPER.

(PRIZE GIVEN BY MISS BONSER).

BY MISS DUBOIS, PARSİ GENERAL HOSPITAL, BOMBAY.

How do you prepare raw silk for operation purposes?

To sterilize it, unwind, and wrap loosely in a piece of gauze, boil in plain water for 15 minutes, and remove with sterilized forceps. Soak in rectified spirit, remove from rectified spirit, and wind on a glass reel, boil again for 10 minutes, place the reel in a glass vessel and cover with absolute alcohol. For the operation place in carbolic lotion 1 in 60, being careful to use sterilized forceps, reboil if required for another operation, but boiling too often makes it easily breakable.

Sterilization by steam. The sterilization of silk by steam possesses many advantages. The spools of silk may be placed in the steam sterilizer, with the dressings, and kept at the required temperature for three quarters of an hour, the silk may be used in the dry state straight from the spools, the silk may be sterilized several times without any injury to it.

(2) How do you prepare raw catgut for operation cases?

Soak in Ether for 24 hours to remove fat, then in Biniodide of Mercury and spirit 1 per cent for 24 hours, change the lotion, and soak again for 48 hours, keep in a solution of Carbolic acid and spirit 1 in 40, changing several times during the fortnight, for the operation place in 1 in 60 Carbolic, of course always using sterilized forceps. Some surgeons prefer Iodized catgut. This is done by immersing the gut in a 1 per cent watery solution of Iodine and Potassium Iodide for eight days; this makes the gut absolutely sterile. If this method is adopted the gut should be transferred to some preserving solution at the end of eight days, or an equal quantity of alcohol should be added to the solution.

Japanese method (Method B). Soak catgut for 24 hours in a solution known as Quebracho, wash for 3 or 4 hours under a running tap, soak in a 4 per cent solution of formaline for 48 hours, wash again under a running tap for 24 hours, boil for 10 minutes in water, keep in Carbolic lotion 1 in 40, for operation place in Carbolic lotion 1 in 60; this gives a very firm pliant ligature, which is not quickly absorbed.

(3) How do you prepare Kangaroo Tendon?

Kangaroo Tendon used in hernia or kidney cases prepared in the same way as catgut (Method A.) When desired to delay absorption beyond the ordinary time, they may be prepared according to the method recommended for iodized catgut.

(4) How do you prepare horse-hair for operation purposes?

Horse-hair is prepared in the same way as silkworm gut, boil in strands for 15 minutes, keep in Carbolic lotion 1 in 20, for the operation place in Carbolic lotion 1 in 60. Used largely in face and neck operations, where little scar is desired.

(5) What percentage would you make your

(a) Stock Saline (Theatre)?

Stock Saline, a solution of Sodium Chloride or common salt.

Stock Saline should be made double the normal strength, 1.3 per cent. This is prepared by dissolving 2 drachms or 120 grains of Sodium Chloride in a pint of distilled water, or it can be prepared by boiling an ordinary heaped teaspoonful of pure salt in a pint of water, and diluted when required to half this strength.

(b) Stock Iodine Solution?

Stock Iodine.—Tincture of Iodine is a 2.5 per cent Solution of Iodine and Potassium Iodide in 90 per cent alcohol.

Stock Iodine Solution is generally a 5 per cent watery solution, and forms a Stock Solution for surgical purposes 3i Iodine to 1 pint distilled water.

(c) Stock Lysol Solution ?

Stock Lysol Solution.—The Stock Solution is 1·2 per cent for cleansing the hands or skin, or as a vaginal douche. It may be used 1·5 for sterilizing knives. M. xx. of Lysol to 1 pint distilled water, or in 1·5 per cent solution.

(d) Stock Hydrag. Solution ?

The standard solution is 1 in 1000. This can be made with distilled water by dissolving one "soloid" in a pint of water which produces a solution of 1 in 1000.

(6) On what occasions and during what operations must no disinfectants be used ?

During skin grafting, abdominal operations, or operations on the throat, face, or nose, must no disinfectants be used, except for the hands or instruments.

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