

cords than from anything else. Dressing of cord should be some sterilizing powder and pad.

Child. Should be examined for any malformations. Examine the whole body, beginning from the head and going down to the feet. Size and shape of head, fontanelles, eyes for opthalmia neonatorum, hair lip, tongue tie, cleft palate, deformity of spine or other bones, prepuce, anus etc. For opthalmia use one drop of a 1% sol. of Silver Nitrate, or 2% sol. of Protargol or Argyrol, and allow it to remain in the eyes for two minutes, then wash out with saline.

THE ETHICS OF PRIVATE NURSING.

Read at the Bombay Conference.

By COL. JENNINGS, I. M. S.

PRELIMINARY REMARKS.

WHEN I was invited to read a paper before this Conference I asked my friend Miss Mill to be good enough to furnish me with a suitable theme. She, however, declined any responsibility in this direction, deeming it more desirable that I should speak upon any subject which my own experience suggested as likely to be of use to the nursing profession.

Assuming that the transactions of the Conference would include abundant material dealing with all points connected with *hospital and institutional nursing*, I at once resolved to address you upon the *ethics of private nursing*.

While the main ethical principles which govern nursing in institutions do not materially differ from those which apply to what is known as private nursing, yet there are many points of detail to which more attention than one is in the habit of finding is needed in the case of those who engage in private nursing. At first sight many of these points may appear to be so trivial as scarcely to warrant the importance of being referred to in an assembly of this nature. I can, nevertheless, assure you that, although trivial, there is not one of them that I have not found, in the course of a somewhat lengthy experience, that some nurse or other would have been the better for having more carefully considered.

So far as I am aware there exists no code of ethics for the guidance of nurses. Such a work might be useful and helpful to some, but, as no code could possibly deal with the thousand and one occasions in which a nurse might be called upon to arrive at an important decision in a brief space of time, so, as in other professions, the exercise of common sense combined with constant tact must be relied on, and, in most cases, only long experience will develop the peculiar temperament which is so absolutely essential to success.

I would at first invite your attention to points, the importance of which becomes obvious when one contrasts the circumstances of private with those of institutional nursing.

INSTITUTIONAL AND PRIVATE NURSING CONTRASTED.

A nurse on hospital duty has, generally, charge of several patients at a time, works under definite rules and in definitely organized surroundings, is in company with other nurses to whom she can refer for advice or from whom she can obtain assistance, can count upon fixed hours of duty, recreation, refreshment and sleep, is not, generally, called upon to express opinions about the probable course of particular cases, is not harassed by the interference of friends and relations and has medical aid always at hand.

PRIVATE AS COMPARED WITH HOSPITAL PATIENTS.

A private nurse has seldom more than one patient to attend to at a time. As that patient pays for her services, he naturally deems that he has a right to expect from her far more than a hospital patient could and there are many who insist on getting all they can in the way of work and help from her. She must be prepared for this, and act up to it, bearing in mind that patients differ widely, and that, where one may be very exacting, the next one may be just the opposite, so that things, from this point of view, always become equalized in the long run.

DIFFERENCES IN SURROUNDINGS, NECESSITATING HABITS OF ADAPTABILITY AND POINTS WHICH CONDUCE TO OBTAINING CONFIDENCE OF THE SICK.

Instead of a fixed régime and definitely organized surroundings, a private nurse may find herself, one day in a palace, and the next in a cottage or in one of the many different types of *ménage* between the one and the other. It is therefore highly necessary that she should strive to acquire the habit of adaptability which will ensure her being able to give the impression that she is at home wherever she may suddenly find herself. It would be impossible to suggest hard and fast rules, in this connection, to suit all possible circumstances. I feel, however, that attention to a few important points would go far towards ameliorating the lot of the private nurse and minimizing the difficulties which beset her.

Most nurses hope to gain their patients' confidence by displaying professional skill and ability irrespectively of their initial demeanour. Let me assure you however, that, in ninety-nine cases out of a hundred, you can gain their confidence before being called upon to exhibit any professional skill whatever, and that the gaining of that confidence means more than half the battle won.

A nurse bent upon ingratiating herself will soon develop the necessary tact required in the many varying situations possible. I need, therefore, only invite your attention to a few important points, attention to which

will command immediate confidence and conduce to the formation of character. It is very difficult to draw a strict line of demarcation between ethical and technical obligations, so you must pardon me if I touch on any which, being on the borderland, might not be purely ethical.

In the first place a nurse should never lose sight of the fact that she is in the employ of those engaging her, *whatever her private social status might be*, and that it is her duty to do all that she can to satisfy them. She should show her patients ungrudging sympathy and a pleasurable desire to help them. She should refrain from making sudden or sweeping changes in a household, however necessary; but she should endeavour to get such ordered by the doctor in attendance, and then gradually effect them. She should never exhibit annoyance before or towards a patient. When intercourse with friends or relatives is permitted she should, generally, leave the room, remaining within easy call. She should be scrupulous about avoiding the least reference regarding the ailments or peculiarities of previous patients, or the details of their establishments, and should politely decline to answer any questions which might lead her to be disloyal to other employers, at the same time pointing out politely that professional etiquette demands secrecy on all such points. When a nurse once gets the reputation of being a "talker" in this respect she might as well give up all hopes of ever rising in her calling. She should always be ready to read or talk to patients in a way to amuse or divert them without tiring them. She should show a readiness to be useful to them in small matters outside of her purely professional duties. She should have a stock of interesting stories for sick children or a capacity for amusing them otherwise. She should readily fall in with the ways and customs of the different households in which she has to work, not even suggesting any modification unless such be obviously in the interests of her patients. A common cause of complaint amongst patients is the amount of unnecessary noise for which some nurses are often responsible in a sick room, *e.g.*, the rustling of highly starched clothing, the creaking of shoes, the squeaking of door handles, the creaking of doors or window shutters, the dragging about of furniture, the putting down of basins or other articles with a bang—however slight,—the shovelling of coals, the dropping of cinders, etc., etc. There is not one of these which could not be obviated by the exercise of a little common sense, and the making of efforts to do so at once commands confidence. A nurse should invariably pin a notice to the sick room door with the word "asleep" thereon when a patient is settling down to sleep. If she, herself has to be absent for a time from the room she should arrange some easy method for her patient to summon her if necessary. These are some of the general principles which help to form the true nursing temperament, and I cannot repeat too frequently or impress upon you too forcibly that to gain a patient's confidence in the

beginning means more than half the battle won. So much for efforts to acquire adaptability to frequently changing surroundings, and to command early confidence.

COMPANIONSHIP.

The next point in which private differs from institutional nursing is that in the former the nurse does not have the companionship of other nurses nor is she able to obtain the assistance of such. This is not a point upon which any particular stress is called for. To those who are prepared to adapt themselves there is, generally, very little lack of congenial companionship in most households, and there are very few homes in which there are not some members capable of rendering intelligent and often very valuable aid. Intimate and lifelong friendships have been formed in the course of private nursing and grateful patients, or their relatives, have often been among the first to come to the rescue of nurses in times of sickness or trouble. In this connection I feel that I could not do better than quote some advice given by the late Miss Isla Stewart (Practical Nursing, Stewart and Cuff).

"She will do well not to rush into hasty intimacies which on further acquaintance may prove undesirable. It is not wise to lay aside all reserve and be willing to be the comrade of anyone. At the same time, it is foolish to adopt a churlish and repellent air, which might keep off a companionship which might prove both pleasurable and profitable. The middle course is always the best. An obliging, courteous, slightly reserved manner will leave its owner free to form suitable friendships. A matron is equally suspicious of the nurse who at the end of her first year has either no friends or too many."

RECREATION, ETC.

Unlike her hospital sister the private nurse cannot always count upon enjoying regular hours of duty, recreation, refreshment and sleep. A little consideration will, however, readily show that she should not discover any grievance on this score. It does not often happen that she cannot contrive to obtain a fair share of each, but, in the occasional circumstances in which she does not do so with the strict regularity to which she may have been accustomed she should not lose sight of the fact that the circumstances of her new duties are so different from those of an institution that the same necessity does not arise for restriction to fixed hours. In any case cheerful conformity with the varying *ménages* with which she has to deal will conduce more to her being considered than the making of complaints or the wearing of a dissatisfied air.

IMPORTUNITY OF FRIENDS AND RELATIVES.

As to the answering of questions and the importunity of friends and relations, it is not often that a nurse in hospital is called upon to express opinions as to the probable course of particular cases. In private nursing,

however, anxious friends and relatives are apt to think that they have a right to demand such expressions of opinions from nurses. Some advise that a nurse should make it a hard and fast rule never to give an opinion, but that she should refer all those who enquire to the doctor. This is a useful rule, but very difficult to carry out to the letter. My own advice is that, in those cases where her own experience teaches a nurse that certain evidences indicate a favourable course, she has a perfect right to say so. Miss Florence Nightingale writes, in this connection, "Conciseness and decision are above all things necessary with the sick. Let what you say to them be concisely and definitely expressed. What doubt and hesitation there may be in your mind must never be communicated to them, not even (I would rather say, especially not) in little things. Let your doubt be to yourself, your decision to them. People who think outside their heads, who tell everything that led them towards this and away from that, ought never to be with the sick." In some cases nurses may not feel competent or inclined to offer opinions. In such the same writer says "she must remember that their anxiety and that their apparently needless and troublesome questions are the natural result of untried circumstances. She should make them feel that they are worthy of consideration and that they will receive kindness and attention from her. She should endeavour to win their confidence by listening attentively to whatever they have to say, as far as it bears on the patient's condition." When relations or friends give undue trouble and are inclined to disregard the position and authority of the nurse she should get definite orders from the doctor as to who may or may not be admitted and she should strictly carry out his orders.

EMERGENCIES AND MEDICAL AID.

In an institution medical aid of some kind is always at hand. It is not so in the case of private nursing. Considerable tact and decision are therefore necessary in dealing with emergencies. Here the instruction the nurse will have received for dealing with such in hospitals will stand her in good stead, and she should be careful to keep her memory constantly refreshed as to what might be the possible emergencies and the methods of dealing with each. She should, at the same time, write for the doctor explaining the nature of the emergency so as to enable him to arrive in a manner prepared to deal with it. "She must use her own judgment about informing the friends that an emergency has arisen, and also about allowing them in the room or not. It would of course be cruel to exclude them if she thinks the patient obviously dying; in any case she must get them to leave directly the doctor arrives, that he may not be hampered by their presence." (Lewis—Nursing. Its theory and practice.)

Apart from the question of emergencies, however, the private nurse should exercise special care in recording the orders of the doctor. These

she should write down as he gives them and get him to initial, and she should carefully *observe* the progress and keep *accurate* notes of all her cases during his absence for his inspection. To obtain this end she should try to cultivate habits of *accuracy*. Regarding these qualities and others I shall ask you to listen to another quotation from Stewart and Cuff. "To become a good nurse, a woman must possess considerable intelligence, a good education, healthy physique, good manners, an even temper, sympathetic temperament and deft, clever hands. To these she must add habits of *observation*, punctuality, obedience, cleanliness, a sense of proportion and a capacity for and habit of *accurate statement*." Of these habits "that of *observation* is the most important. Her usefulness as a nurse depends so much upon the possession of this habit, and her ability to use it accurately, that she should lose no opportunity of improving it. With carefully cultivated observation comes a sense of proportion of things seen and heard. *Accuracy* implies more than the mere desire to be truthful. In social life this is not always easy; in official life the difficulty of conveying impressions, so as to place them before the mind of your listener in the light in which you yourself see them, seems at times well nigh impossible. It requires a fairly extensive vocabulary, a knowledge of the relative value of facts reported on and a certainty of observation which can only be acquired by long and intelligent attendance on the sick. Accuracy is not limited to words but embraces the conscientious performance of duties.

Such is a brief consideration of points which are emphasized by contrasting the duties of institutional with those of private nursing.

There are however other ethical points which must never be lost sight of, and, paramount amongst these, is *the relationship which should exist between nurse and doctor*.

RELATIONSHIP OF NURSE TO DOCTOR.

"*Obedience* is the first duty of a nurse and the best test of her training. It must not be the dull mechanical obedience of the ignorant or uninterested. To be effective it must be whole minded, intelligent and loyal. It is those who have been insufficiently trained and disciplined who fail to recognize the grave responsibility of disobedience and who take it upon themselves to criticize the doctor's treatment or even to suggest what form it should take. Such an entire misconception of the duties of a nurse does not spring from an excess of knowledge but from the reverse. It is the well trained carefully taught woman who recognizes the limitations of her profession and is careful never to overstep them." (Stewart and Cuff).

PROFESSIONAL SECRECY.

In this connection I would emphasize the fact that a nurse should not only guard a strict reserve regarding professional secrets connected with her patients and the homes in which she is from time to time engaged,

but her lips should be also strictly sealed with regard to what she might, rightly or wrongly (and it is generally the latter), consider shortcomings on the part of the doctors with whom she has to deal. Young private nurses are apt to judge doctors by the standards of the one or the few with whom they have, as yet, worked, or under whom they may have been trained, and to give vent to their opinions in a manner disparaging to the doctors. These I would remind that, though the general principles of practice and treatment are one, physicians and surgeons differ in their manner of applying them, and that it is the duty of the nurse to obey. The responsibility is not hers but the doctor's and she is there to help him and to carry out his orders whatever they may be. The fair reputation of many an able physician or surgeon has been adversely affected by the ill-considered and ill-judged remarks of nurses, and the nurse who causes a patient to lose confidence in a doctor is solely responsible for the effect which such loss of confidence might have upon a patient. Remember, therefore, that it is no part of your duty to criticize the doctor; but, on the other hand, you are likely to find it much more to your advantage to remember that, in circumstances in which you yourselves are often regarded as necessary evils in connection with sickness, the doctor is generally your best friend, and the one with whom you should work cheerfully and side readily.

It is of course conceivable that, occasionally, upon points of minor importance, a nurse might be better informed than a doctor, but such occasions are neither so frequent nor so important as nurses are apt to imagine and confidence in doctors on the part of nurses grows with experience.

DAILY OBLIGATIONS.

"The nurse should always try to be ready for the doctor's visit. Even if not ready, she should endeavour to admit him to the room as soon as possible after his arrival in the house. He has generally many other patients to see, and time is mostly of the greatest importance to him. He should not be kept waiting, either, while the nurse takes the temperature; this should have been done and charted long before. As much as possible all the arrangements of the sick room should be done as in hospital. The room should be as tidy as the ward of a hospital, and as much trouble should be expended on it as if the sister or matron were superintending. If the nurse receives information about the patient which could have a bearing on the case, she should inform the doctor privately; she need never fear that he will mention the source of his information." (Lewis.)

CONCLUSION.

During your training days the foundation of your *technical* experience is laid. When you go out into the world you begin to acquire *ethical* experience, and you should never be too proud to learn, no matter from what source. You will only get into the way of doing your best for your

patients by trying to imagine yourselves in their places and by conscientiously trying to do for them exactly what you would in your heart of hearts wish done for yourselves in similar circumstances.

ENTHUSIASM—A SKETCH.

By MISS BONSER.

Will you forgive me if I begin my short sketch with a quotation ?

“ When the dumb hours clothed in black
Bring the dreams about my bed
Call me not so often back,
Silent voices of the dead,
To the low fields behind me
And the sunlight that is gone !
Call me rather, silent voices,
Forward to the starry track
Glimmering up the heights before me.
On—and ever on ” !

You will remember the note of united enthusiasm struck in the hymn with which we began our Conference morning.

One the strain that lips of thousands,
Lift as from the heart of “ one.”

I think the essence of the “ joy of service ” lies in “ united enthusiasm ”—surely the most youth giving thing in the world. You cannot imagine an enthusiast “ old,” for him, or her the world is still full of possibilities and surprises.

But if we let our daily offering, our daily work degenerate into mere routine, is not that the first breath of Autumn, the first sign that we are getting old, and that for us the world is losing some of its freshness ?

It is very difficult to keep the Ideal in sight. Among, sometimes surroundings sordid and unsympathetic one is often tempted like a well known giant in enthusiasm, to lie down faint and weary, under the juniper tree.

But for the sake of our work, our fellow workers, and for those we are training, we must by every means in our power study to save the gift of enthusiasm from the ashes of disappointed egoism.

We cannot expect to see the completion of all we begin—does it really matter if we have our hearts on fire for our work ? As long as we know that we have dug and planted, can we not, in enthusiastic unselfishness, rejoice in the hope of what possibly may grow from our planting—when new and untired workers come forward to take the spade from our work hardened hands.