

no longer, and this poverty has been a long standing disgrace, not to the person but to the State. Moreover what little relief the State has given has not only been quite unsuitable, but public opinion has looked upon the very receiving of it as a disgrace. That public opinion is changing on this question and that better times are coming, there is every sign, but meanwhile these homes would offer a solution of the problem, and a life of personal freedom among congenial companions for those who well deserve a happy and comfortable old age.

The attention of the readers of the *Journal* is drawn to the "Special Notices and Professional Advertisements" which appeared on page *viii* of the advertisements in the January number and those on page *viii* of the current number.

HOSPITAL ETIQUETTE.

BY MISS S. GRACE TINDALL.

[*Read at the Bangalore Conference.*]

IN beginning a paper on Hospital Etiquette and Nursing Ethics, I wish to acknowledge my indebtedness to those bodies of nurses, particularly in the United States of America, who have drawn up codes of Ethics and sent them to me for my study and adoption in this paper. The laws of etiquette in English Hospitals, like the English Constitution, seem to be so well understood and observed that there has been no need to put them in writing. But from the book on Nursing Ethics by the late Mrs. Robb, to tiny pamphlets defining the regulations of individual training-schools, a good deal has been written on the subject in America, and it is from these that the writer has received much help in putting this paper into form.

Broadly speaking, Hospital Etiquette means the manner or form of behaviour required of all those who make up the personnel of a Hospital. This is so essentially the case in *all* societies of civilized countries, that in England we find that the etiquette of the various professions and societies of men and women is seldom written down in black and white, those belonging to the various bodies instinctively falling into the manners and customs of that body during their novitiate, and we find that these various bodies create their own atmosphere, at once detected by strangers to that particular body.

This special etiquette is after all, only the ordinary etiquette of polite society with various additions or alterations according to the needs of the particular profession or body.

Ethics and Etiquette have been thus differentiated. "The rules of *Ethics* have a moral weight while *Etiquette* consists of forms to be observed in professional intercourse and are conventional."

Hospital Etiquette for the probationer will chiefly consist in observing courtesy to *all* with whom she comes in contact in an official way in her hospital and the nurses' quarters, being very careful to keep herself in the background and proffer no remarks unless definitely asked to do so.

Towards *patients* in particular she must show the highest courtesy, giving them in every respect the very greatest consideration and care possible, for two special reasons. First, because they are her guests; however new the probationer may be, the hospital and its surroundings is her *home* for several years, whereas for the patients it is a place where they spend a few weeks or at most months, during which time they look to the nurses above all for their comfort and well-being both of body and mind. It is very seldom that a patient pours out his private troubles and anxieties to the hospital doctor, but how many have found ease and comfort of mind, adding enormously to their physical cure in unburdening themselves to the nurse, who by her every action shows her sympathetic love for all her suffering guests; and no one is quicker to pick out such nurses than the sick whose spiritual insight is so often sharpened by their physical disease. Nevertheless she must learn to discriminate between proper and due sympathy, better shown for many months by her punctilious and gentle attention to her duties than by words, and maudlin sentiment for which no patient will ever be grateful. And secondly, because the patients are the reason for her being there at all.

Towards *other nurses*, whether junior or senior, she should show the common politenesses of society, being neither standoffish, nor familiar. She will be wise if she waits to learn something of the character of her comrades before she sets about making friends, but this in no way prevents an atmosphere of common courtesy and kindness.

Towards *patients' friends* and *all visitors*, a probationer should show every politeness due to one's fellows, one's guests, and above all to those in trouble and great anxiety. This is a matter in regard to which in India, in the year of grace 1913 there needs to be an utter revolution. If nurses would try and remember to put into practice the Golden Rule, and do unto others as they would be

done by, we should have less of the haughty, rude reception of visitors so frequently complained of. In this matter as in all others a probationer should never assume undue responsibility.

Towards a *physician* a probationer brought up in respectable society will need to be most on her guard and will doubtless make her greatest mistakes in this respect. The ordinary politenesses of a gentleman to a lady are totally, and very often unnecessarily, reversed. So much so that in many of our large hospitals at home some of these abnormal excrescences have been quietly cut off, especially since it has become generally recognized that a nurse is not and does not intend to be the doctor's servant, but an expert and trained member of a profession differing totally from the physicians, but as essential to him in his work, as the physician's is to the nurse's. A probationer must remember that she is no longer a private individual, but a member of a large or smaller public institution and therefore lives under the public eye, subject to the criticism of every person she comes in contact with, and must behave accordingly. She must therefore punctiliously carry out all the rules of the institution to which she belongs, asking for advice when she is in doubt as to what her behaviour should be, and learning the important lesson of obedience even where she does not understand, which will serve her in good stead later on.

Talking and laughing is, to say the least, unseemly while on duty, in the first place there should not be time for it and secondly, a ward full of sick people is not the place for conversation on topics not bearing directly on the work in hand. A hospital ward demands the undivided attention and thoughts of the nurses on duty.

A probationer will learn that it is required of her, as of a soldier, to stand in the presence of *any* of her superiors in office, the superintendent, doctor, staff nurse, chaplain, etc. Should the nurse be engaged in any duty which requires her to sit, such as feeding a baby on her lap, she should rise on seeing the official but may be seated after having shown due respect, and she should always go on with her work unless directly addressed.

Any noise—even of work, or talking must cease during a doctor's visit, and although a probationer is always privileged to seek instructions from her head nurse, she should be careful *not* to do so when that nurse is engaged with any superior, unless it is a matter of extreme urgency, when she must of course politely seek permission. Some juniors seem deliberately to choose the visit of a superior to the ward to interrupt the conversa-

tion continually. Apart from any *hospital* etiquette, no one with any lady like pretensions would do such a thing.

A probationer must always report to the senior on duty when she comes on and goes off duty, and must never on any pretext whatsoever leave the ward without that senior's permission.

Nurses are never allowed to go into wards to which they do not belong, without express permission, or unless sent.

Books and personal work are never allowed in the wards on day duty; at night sometimes a ward may be very quiet and if there are no ward stores, etc., that need replenishing, the night nurse may study or work, provided she does not allow it to interfere with her conscientious attention to duty or her patients' calls.

These are some of the requirements of Hospital Etiquette; a complete study of "Nursing Ethics" will help a nurse to cultivate the proper *spirit* of nursing and render plain and reasonable some points of etiquette she may not understand, or think unnecessary.

Finally, good sick-room manners, *i. e.*, proper "Hospital Etiquette," are the outcome of forethought, consideration, self-control, which result in a graciousness of manner which is otherwise absent. More than professional skill is required in a ward or a private sick room; the *manner* in which a nurse conducts herself as well as her work will either add a hundredfold to the efficacy of her trained skill, or will on the other hand detract so enormously from it that the patient may feel that in spite of all the skill displayed she would rather be tended by one much less skilful, but possessed of that manner above referred to.

ETHICS OF NURSING.

1. The duty of a nurse towards the patient.
2. The duty of a nurse towards other nurses.
3. The duty of a nurse towards her training school.
4. The duty of a nurse towards the doctor.
5. The duty of a nurse towards the public.
6. The duty of the doctor towards the nurse.
7. The duty of the public towards the nurse.

I.

A.—A nurse is bound equally with a doctor to answer a patient's call. No pleasure or personal inclination may interfere with such direct duty.

B.—She must always bear in mind her grave responsibility and therefore perform her every duty with the most perfect conscientiousness, skill and faithfulness.

C.—A nurse must exercise tact in dealing with each patient and should give him every possible attention and humane, womanly yet firm sympathy. Under no circumstances should she treat the sick in her care with severity and however trying they may at times appear, remember that their powers are in every way diminished by illness. They should therefore be allowed to indulge all reasonable wishes that will not retard recovery.

A nurse must remember the dignity of her calling and not allow her intimate relations with the patient to produce any familiarity. She must be discreet in this as in all matters relating to the sick. She is in a confidential position, and must be extremely careful to betray nothing which she either observes or is told. Sick people are usually very sensitive on these points, specially in regard to their symptoms and treatment, and these must never be spoken of outside the intimate circle. This professional secrecy must be rigidly observed not only in actual professional matters but in every detail of family life, character, disposition circumstances, etc., into which she is admitted and this secrecy must be maintained among nurses themselves, and the nurse should specially guard against any betrayal of the confidence thus generously reposed in her when she returns to the company of other nurses.

D.—A nurse must never leave a patient for her own convenience or because anything connected with that special case is disagreeable. If it becomes a necessity that she should leave before the services of a nurse can be dispensed with she must always remain at her post until it has been arranged for another to take her place.

When any cause of trouble arises the Nurse should consult the doctor, but never in the presence of the patient. There should be no place ever found in a sick room for vexatious matters and a patient should never be troubled with such things.

E.—Engagements whenever possible should be in writing; in any case they should be considered as legally binding on a nurse. A contract may only be broken justifiably in an unavoidable necessity. And this applies to every section, to the nurse's dealings with patients, training school, doctors or the public.

2.

A.—A Nurse must bear herself courteously towards all graduates from her own or other Training Schools of recognized position.

B.—She must be extremely careful never to pass an adverse opinion on the work of a fellow nurse, or to criticize her in any

way before patients or their friends. Should there be anything really wrong or unreliable, that is necessary for the patients welfare to be made known, it should be reported to the Lady Superintendent in the greatest privacy and charity, or to the doctor if private nursing.

C.—A Nurse must perform her own duties, and not depute them to others.

3.

A.—A Nurse must be unfailingly loyal to the profession of which she is a member and to the school in which she trained in particular, and never adversely criticize its management. This loyalty will be best shown by the conscientious performance of her duties, and by maintaining a high standard of character and work.

B.—She must always wear the full uniform when on duty and see that it is clean and tidily put on.

4.

A.—A Nurse should conscientiously carry out the directions of the doctor with whom she is working. She will have learnt during her training the difference between "Intelligent obedience" and "Blind obedience."

B.—She should give to a doctor the respect due to his professional position, maintaining a decorous dignity, and never lowering herself to familiarity, however great may be their social intimacy.

C.—She should never criticize the doctor, or discuss him or his treatment in any way with patients or friends, she should be scrupulously loyal, and not express a preference for the attendance of *any* doctor. If other opinion or consultation is desired, it is the place of the patient or friends to name it, or the doctor in attendance, but in no way should the nurse offer advice.

5.

A.—Nurses are rapidly coming to the fore as public servants without whom no community can afford to be. A nurse must therefore always be ready to help in furthering sanitary, disinfecting or other measures devised for the public welfare. She should remember to carry out most carefully all hygienic and disinfecting duties connected with her work, and assist in every way in the prevention of the spreading of infection, and should unostentatiously try to inculcate such ideas and methods in those with whom she comes in contact. In the event of an epidemic it is her clear duty to face its dangers in the alleviation of suffering and prevention of its spreading, even though her life may be

jeopardized. Nurses and doctors must face such contingencies and the fact that they always carry their lives in their hands before they begin their training. The cost once counted, the duty is uniformly clear for always.

B.—She should be willing and ready occasionally to assist the sick poor without payment.

6.

A.—A physician should accord to a competent nurse the hearty loyalty and support that she in turn accords him.

B.—A physician, if the need arise, should invariably tell a nurse *privately* of any defect or unsatisfactoriness in the performance of her duties, and never before a patient or friends.

C.—It is the doctor's duty, should it be necessary, to require that the nurse has proper time and place for rest and relief from duty; and, where the difficulty arises, to assist her in obtaining the proper fees for her work.

The professional interest and loyalty of the physician towards the nurse assures her position and happiness in a household, and *vice versa*.

D.—The physician should remember that a graduate, competent nurse has spent nearly as long in learning her profession as he has and that undue interference is unnecessary and uncalled for.

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A.—It is the distinct duty of the public to discriminate between the trained scientific nurse and ignorant women, or women with a smattering of training, and to employ and countenance only those who have graduated in full from a proper training school.

It should give to such a nurse the consideration and appreciation due to her qualifications, and it should assist by every means in its power the development of higher standards and the equalizing of training that the profession throughout the Empire may be uniform and reliable, and those women not sufficiently qualified eliminated.

GENERAL ETIQUETTE FOR PRIVATE NURSING.

Tact is an absolute essential if a nurse is to be successful in her profession and in her dealings with those around her. She can do much to cultivate it, and she can never afford to be careless in this matter.

If a nurse engaged for a case is not at hand when required and another is sought in the emergency, she must be ready to resign immediately her colleague arrives, unless her assistance is also required. The same courtesy holds good in the event of an

engaged nurse falling sick and being unable to attend at once. On her recovery the emergency nurse should relinquish the case.

When two nurses are at a case the first arrival takes precedence and is considered the senior nurse and should remain when further assistance is no longer needed. They should be careful to discuss nothing that concerns their work in the presence of the patient, friends or physician.

It will be found to obviate many disagreeable difficulties if in each city or district an uniform fee is decided upon and adhered to as closely as possible.

“The paths of pain are thine
Go forth with patience, love and hope,
The sorrows of a sin-sick earth
Shall give thee ample scope.
Besides the unveiled mysteries
Of life and death go stand,
With guarded lips and reverent eyes,
And pure of heart and hand.”

AN OUTLINE OF TREATMENT OF TYPHOID FEVER.

BY A. W. HERR, M. D.

(From the *Therapeutic Review*.)

PRELIMINARY to my study of medicine it was my privilege to act in the capacity of helper in the bacteriological laboratory of Dr. Paul Paquin, formerly an assistant of Dr. Pasteur. A part of my work was the preparation of the agaragar and beef bouillon as culture media for bacteria. These, together with milk, served as most excellent culture media. Colonies of typhoid bacilli and other pathogenic germs planted in milk and beef bouillon grew luxuriantly. The same germs implanted in fruit juices resulted in an inhibition of their growth. Those planted in the stronger fruit juices were destroyed by the acids present in the fruit.

It has been nearly a universal custom to prescribe milk and some form of meat juice or extract as a diet in typhoid fever. These food elements meeting weak and viscid digestive fluids and being already more or less septic from age, and improper care in handling, serve as a medium for the rapid and abundant multiplication of bacteria. Such methods of feeding are responsible in causing that filthy condition of the mouth, thickly coated tongue, lips covered with sores, loathsome and offensive breath, fetid and diarrheal stool, and resulting in overwhelming the blood stream