

THE TB HOSPITAL

ETHNOGRAPHIC FIELD NOTES BY JULIUS ROTH

EDITED BY PAUL ATKINSON

PREFACE

The following field notes were created by the American sociologist of medicine Julius Roth. Like many social scientists before and since, Roth turned his personal experience to good account. He contracted tuberculosis in the 1950s, a time when that meant a protracted period of hospital care. He kept a detailed journal as a patient. Having recovered, he then transformed this personal perspective on patienthood into a research project. He did so in two ways. He became a hospital employee, thus engaging in complete participant research. He also spent time as an overt social researcher in two further TB hospitals.

He kept detailed field notes. Later he edited them slightly – inserting pseudonyms and tidying up anything that was not comprehensible – and made multiple copies of them (at a time long before word-processing). He had volumes of the notes bound and distributed to people like myself, so that we could use them for our own purposes, and also for use with students. It was a generous act. Most people prefer not to share their notes. In part that reflects the degree to which they get treated as ‘private’ documents. In part it also reflects the undoubted fact that most ethnographers do not keep such meticulous notes. Most of us find that although we try to keep our note-taking and writing up to date, there are times when our performance tails off and we are left with scruffy and incomplete records. Roth seems to have been extremely well organised in that regard.

The total volume of notes is considerable. I have two of the volumes, the *Patient's Journal* and the *Attendant's Journal*. Each of which consists of several hundred pages of detailed notes. The *Attendant's Journal* reports 66 working days, and each day's work is reported in several thousand words. Because they are very detailed accounts, they have proved ideal for secondary analysis. There are many analytic themes and issues that can be identified in the notes. They have proved an excellent test-bed for computer-aided qualitative data analysis software (CAQDAS), and we have used it for that purpose in Cardiff (see list of publications).

Julius Roth did not publish voluminously from that research. His monograph is elegant, but slim, and focuses on just one major analytic theme. There are several important papers, but he was not as prolific as some of his contemporaries, and despite many parallels, his TB research did not have the same impact as Erving Goffman's *Asylums*, for example.

Publications

Julius Roth (1963) *Timetables*. Indianapolis NY: Bobbs-Merrill.

Julius Roth (1957) ‘Ritual and magic in the control of contagion’, *American Sociological Review*, 22, 3: 310-314.

Julius Roth (1963) Information and the control of treatment in tuberculosis hospitals, in Eliot Freidson (ed.) *The Hospital in Modern Society*. New York: Free Press of Glencoe, pp. 293-318.

Anna Weaver (1994) Deconstructing dirt and disease: The case of TB, in Michael Bloor and Patricia Taraborrelli (eds) *Qualitative Studies in Health and Medicine*. Aldershot: Avebury, pp. 76-95.

Anna Weaver and Paul Atkinson (1994) *Microcomputing Strategies for Qualitative Data Analysis*, Aldershot: Avebury.

Susan Leigh Star and Geoffrey C. Bowker (1997) Of lungs and lungers: The classified story of tuberculosis, *Mind, Culture and Activity*, 4, 1: 3-23.

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Cardiff

DAY 1

I got there a few minutes before 8:00 AM just as Mrs Lovell was also pulling up in her car. This was very nice because she could escort me right inside and get me started on my job. A girl in the front office named June suggested that, since they couldn't find my application, I just fill out another one for their convenience. Lovell said she had an application on me somewhere in her files and it wasn't necessary for me to make out another one. She told the girl just to go ahead and get my necessary papers filled out on withholding tax, loyalty oath, and payroll information.

After these papers had been filled out, Lovell turned me over to Jimmie Shaw, the only other male attendant they have working in the daytime now. This was a young man I would guess somewhere in his thirties who was also under treatment for TB at one time and is still taking INH. He had TB of the bone. Shaw took me on a tour of the hospital pointing out particularly those places which I'll have to come to from time to time, for example, X-ray, pharmacy, central supply, laboratory. Then he took me to the male employees' locker room, a very clean and attractive-looking place with several banks of small lockers, two toilets, and a shower room. Shaw says he sometimes shaves and gets washed up here in the morning if he comes in in time. Most of the lockers were empty so he told me I could take just about any one I wanted to. He also suggested that I do not leave any money in the lockers which have no locks on them. (Mrs Morley later told me the same thing.) Shaw told me that the short-sleeved white shirts that I had brought would probably be best rather than wearing a tee shirt and he marked my shirt and all the three pairs of white pants with marking ink so that they would be returned to me by the laundry. While Shaw was taking me around he introduced me to just about everybody we passed. Many of them he called by their first names even though they have a higher station in the hospital than he does.

After I was dressed and ready to go to work, he took me to Ward B where I was assigned for today. This is the negative ward. A Ward is considered the positive ward. The census on B Ward is very low at present, only 15 patients. A Ward, they tell me, has about two or three times as many. A Ward also has sicker patients on the whole. On B Ward are the more or less convalescent, although there are some exceptions to this.

The nurse in charge of B Ward was a Mrs Morley. Another registered nurse on duty today was Vivian Hodge. Three female attendants were on duty – Walters, Holt, Bailey. Morley was a

lively middle-aged woman who seemed to be out-doing herself in trying to be friendly to one and all around her during the time I observed her today. She seems to have picked up quite a bit of knowledge or at least terminology on the psychology of handling patients and talks in psychological terms in analysing patients' behavior quite often. She is married and speaks of her children. Vivian Hodge is a young woman I would guess in her early or mid-twenties. She is also married and has children. She lives in Orion which is about 18 miles from Shawnee. Hodge left the running of things pretty well up to Morley. Walters is a middle-aged Negro woman who has apparently been here quite a long time, at least in terms of the length of the working life in this hospital. I'm going to accompany her tomorrow since she is the most experienced attendant on this ward. She is also married and has children. There seems to be quite a close attachment between her and Morley. Holt and Bailey are also both married and have children. They apparently live fairly close by here. Holt worked at the neighboring Wynona hospital before this one opened.

Jimmie Shaw has outfitted me with a stiff white coat worn by him and by physicians and a number of other men working around the ward. I didn't particularly care for this thing but wore it because he did.

After Jimmie delivered me to Ward B he went back to his work on A Ward and left me with the nurses and attendants here. Morley figured I'd already been thoroughly confused by being shown a lot of things by Jimmie and she was going to confuse me a little further by showing me some of the details of B Ward. She assured me that I wasn't expected to learn all this stuff the first day and they were showing me all these things just to give me the general picture and I could pick up the details gradually over a period of time. Morley also introduced me to all of the patients while we were walking around the floor. Twelve of the patients on this ward are men and three are women. They have the floor divided into a women's and a men's section, although there is a man in a locked seclusion room on the women's end.

Isolation technique

In making the rounds of the ward one thing that Morley stressed repeatedly was the importance of cleanliness and avoiding unnecessary contamination. She pointed out to me how they differentiate between the dirty and the clean things. Although nothing was absolutely clean and everything became contaminated to some extent there were certain areas and certain things they try

to keep as free from contamination as possible. For example, they tried to avoid bringing contaminated things into the nurses' station, the linen room, the clean utility room. She stressed particularly that anything that a patient had contact with or which had been in a patient's room must be regarded as contaminated and treated accordingly. For example, you would never take anything out of a patient's room and bring it into the clean utility room. Each end of the ward has a clean utility room, soiled linen room, a soiled utility room, clean linen room, and examination room.

She gave a detailed demonstration about how to wash my hands – soaping liberally all over, working the soap between the fingers, washing and rinsing from the top down, drying with paper towels from the top down toward the fingers. Once you had washed your hands she said you should try to avoid contaminating them again. For example, if you had to open the door, you should use a towel to turn the door knob. This was particularly important when you were leaving for the day or when you were going to eat since you didn't want to take any of these bugs with you and ingest them with your food. Sometimes it was impossible to avoid touching something that might be contaminated. For example, when you went to eat you had to turn the knob of the staff dining room which had been touched by other people and must therefore be considered contaminated. (Morley said you had to assume that other staff members sometimes broke the technique even if you never did yourself and therefore you might be contaminated by things which they touched.) Her own technique, she says, was to open the dining room door with her right hand in which she held her fork when eating and never handle any food with her right hand but hold the bread with her left hand. If it was absolutely necessary for her to touch the doorknob with her left hand she would grab the piece of bread on one corner and not eat that corner.

The floor was always to be considered contaminated no matter where it was, therefore anything that fell on the floor was to be discarded or sterilized. She pointed briefly to some of the apparatus they used such as the autoclave, but did not go into detail because she said the other attendants would fill me in on while we were actually carrying out our work.

She showed me how to put on a mask so that your fingers would never touch anything but the strings and also to take the mask off so that you didn't touch the center of the gauze but only the strings. Also, one should not shake the mask at any time because this would just throw the bugs in the air.

They have no strict rules about wearing gowns or masks all the time in patient areas. When you're just going in briefly to a patient's room such as taking temperatures, bringing in food trays etc., it is not necessary to put on a mask or a gown. However, if you are giving some immediate care, such as a bath, or doing some kind of work which is likely to throw a lot of bugs into the air or bring you into close contact with the patient's effects, such as making beds, you should wear the mask and preferably also the gown. The men have a choice between wearing the stiff coat which Jimmie supplied me with or putting on a gown each time it was necessary. She said she has never seen Jimmie wear a gown and apparently he preferred to wear a coat all the time. I think I personally would prefer to do away with his coat which I find very uncomfortable, and stick to putting on a gown whenever it is called for. The female attendants and the nurses both wear wrap-around aprons when they're working on the ward. Whenever they leave the ward for any reason they go into the gown room and change from their apron into their uniforms. Since the setup here is primarily for female employees it means that the male employees don't fit in too easily. Generally speaking, for example, the male employee can't use the gown room because that's used by the women for changing from their uniforms to their aprons and back again. Morley told me I could use the examination room to hang up my coat and to wash my hands.

Morley also went through the making of a bed with me, not so much to show me the technique of making the bed itself, which apparently isn't very strict here, but rather to show me how to avoid stirring up the bugs. The dirty linen is never to be thrown around or rumbled up in any old way or carried close to the body. It is to be folded up carefully toward the middle, rolled up into a sort of ball and carried to the dirty linen hamper away from one's body. This, she says, cuts the amount of contamination to a minimum. She also told me briefly about tidying up the room a bit on these patients who were assigned to me, but pointed out that this need not be carried out to the point of putting everything in place, because this was home for the patients and you might expect them to leave things lying around to suit themselves to some extent.

When we served the dinner trays we carried all the trays to the patients, even to those who ate on the tables in the recreation area. At one time, Hodge told me, the exercise patients had been allowed to line up at the tray cart and receive their trays. However, one 80-year-old man brushed against the tray cart and the people in the kitchen let out a howl about the patients contaminating their

cart. They demanded that the trays be carried to the patients so that the patients could not come near the cart and that has been done since then. Both Hodge and Bailey thought this was silly and that the people in the kitchen were unnecessarily sensitive about the possibility of contamination.

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While Mrs Morley was telling me about her concept of isolation technique, one of the things she showed me how to do was to take sterile objects out of jars with a forceps, for example, masks, tongue depressors, sterile dressings. She pointed out to me that I should never take these things out with my hands because I would contaminate them, or perhaps if that didn't make any difference I might also contaminate other things that were left in the jar. She pointed out that I might sometimes see some of the RN's putting their hands into these jars and taking things out. This was probably not a good practice, but I must remember that RNs had special training and knew just when they could use their hands and when they couldn't, and just what they could touch and could not touch. In case the RN did this, for example, she would be very careful not to touch anything in the jar but the one that she was going to take out. I was not to copy this practice, because those without the special training couldn't be given responsibility for making such a judgment. It was not a good principle to follow.

Views on patients

One time today Hodge and the attendants were discussing the patients. Some of the patients, they say, are hard to get along with and some of the patients are quite good. They point out one old man who was very difficult when he first came here because he had always been sort of a dictator at home and was used to having everybody obey him. Of course, he couldn't get away with that here. Lately he's shown signs of being able to take orders and is getting to be easier to get along with.

Marian Vines is an elderly woman who's been in and out of here a number of times already. Her TB isn't bad but every time she gets an acute respiratory infection of any kind she rushes in here again. Dr McLean believes she has got dependent on this hospital and, although she could get along at home with the kind of ailment she has, she is probably a little better off by coming in here. She might even lie a little longer by coming in here every time she gets a bad cold or flu or some other respiratory infection. Of course, by taking her into a TB hospital like this they are spoiling her perhaps and maybe giving her more service than the regulations creating this

hospital were intended for, but perhaps some people are meant to be spoiled this way and it's better for them as well as for the people who serve them if it works that way. Morley seems to agree pretty well with this viewpoint and is able and willing to put herself out to take care of this woman. There is, however, one thing which Morley doesn't like about her. She spreads a lot of gossip. You don't dare talk loud in the hallway about things concerning other patients because she'll quickly start spreading it about and distorting it in the process. Morley was also annoyed with her because she had been 'picking on' one of the cleaning women. Vines was mad at the whole staff about something and she was too fearful to yell at the doctors or nurses, so she took it out on the cleaning woman, which Morley thought was unfair.

A fairly young woman, Madge Gulf, went out for a little while without permission yesterday. Marie, one of the lab workers, had come to talk with her during the afternoon rest period, which annoyed Morley quite a bit. Marie had invited Gulf to her home. Gulf had permission from the physician to go out after rest period in the afternoon if her husband comes to take her for a ride, apparently for an hour or two. However, she does not have permission to go anywhere else on the outside. When Gulf told Morley that she wanted to visit Marie's place, Morley said she could not give permission to that unless it were approved by the doctor. She said she would call the doctor to find out and Gulf went ahead and put on her clothes. Morley called the doctor who said no but Gulf said she was going anyway. Morley put a lot of the blame on Marie because Morley said Marie got her stirred up and had raised her expectations and she really couldn't blame Gulf much for insisting upon going out after that. Gulf did go out by herself and just walked around for an hour or two and then came back in again. Patients are not discharged at this hospital for doing such things because the doctors believe it is better to have the patient in here getting treatment than to kick him out when he might be spreading the disease and getting worse. An incident of this sort is simply entered in the chart as the patient going out without permission, so as to protect the hospital in the future if the patients should get sick as a result of this unauthorized activity or exposure to the weather. Lovell comments that even a doctor can't control some of the patients they've got here and she just doesn't know what to do about it.

The most difficult patient in the eyes of the staff here is Benjamin Linn. He is the man they have locked up in what they call their seclusion room, a room with grilled screens over the windows, a locked door with a slot underneath for sliding trays in and out, a

peep hole in one place, and stripped on the inside of all those things with which a patients is most likely to hurt himself.

They describe him as an alcoholic and a schizophrenic. He also escapes from here quite often when he has a chance. He even escaped from the seclusion room once. He got his hands on a beer can opener and unscrewed thirty-six large screws holding the screen over the windows and then walked out through the open window at night. They have had him picked up on a court order and how have him back here and he does not have permission to leave and is under lock and key. Of course, Morley said, if he really wants to make a dash for it they aren't going to try to stop him forcibly because after all they are not policemen. However, they do take reasonable precautions to keep him from getting away.

She told me never to go and take care of him by myself but always have someone else with me. They don't consider him particularly dangerous but they don't want to give him the idea that he has to bop somebody over the head in order to get out of here. Right now he's quite angry with them because they have brought him back in recently and have locked him up and also denied him some privileges which he had before. Therefore, he is likely to be more hostile to the ward personnel than he was before.

Linn requested taking a shower and was given permission to do so. Morley assigned me to keeping an eye on him in the shower room. I just hung around in there while he was taking the shower and we exchanged a bit of conversation about how I liked the place and what the weather was outside etc. Morley warned me not to let him know I was just starting to work here because he would 'take advantage of you'. Everything went off very quietly and when I escorted him back to his room, I remarked in a casual way that I would have to lock him in again and he nodded.

Just before lunch a visitor was allowed in to see him even though this is not the regular visiting hours. Again Morley stationed m outside the room to keep an eye on things, especially to make sure that the visitor did not slip him any liquor.

At the same time Morley brought him his medications to go with his dinner. She asked him to take his pills right away and he said he would take them later. She insisted that he take them now and Linn got quite angry. Morley said it was the rule for the nurse to stand by while the patient took the medicine and Linn retorted that it wasn't done that way on B Ward (this is not true for most of the

patients). Linn said he was getting sick and tired of being treated as a mental patient and he would not take the pills. Morley finally left them there and went out. Later on she told me, however, that while I was at lunch she went back and the pills were still there and she asked him to take them and he did in her presence. I had been with Mrs Hodge earlier when she took some pills in there and Linn had refused to take them at that time too. Hodge refused to leave the pills with him but took them back to her office.

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Classification system

They have four classes here, 1,2,3 and 4. However, these are not followed very strictly. They have a series of instructions written out with the amount of activity and the kind of service allowed each patient. Morley says they do make an effort to enforce Class 1 pretty strictly because only severely ill patients are put in that class. That is the 24-hour bed rest class in which the patient is supposed to get a great deal of bedside nursing service and is not allowed to get up for anything, not even to go to the bathroom. Classes 2 and 3, however, are virtually nonexistent and are constantly violated and no effort is made to enforce them. According to Morley Class 2 and 3 patients in actuality have about as many privileges as the Class 4 patients. Class 2 is only supposed to have one hour a day up; and Class 3 only two hours a day up. Both of them are supposed to go to X-ray and lab in wheelchairs but neither of them do. They all stay up a lot more than one or two hours. The Class 4 patients are allowed four hours up and walk to laboratory, X-ray or elsewhere and have full bathroom privileges. Morley believes that the only reason the doctors write out all these details for Classes 2 and 3 is because if they gave them officially Class 4 privileges, the patients would think they were well enough to go home.

I heard a number of comments from nurses and attendants today about what a wonderful medical staff they have here. They see so many patients come here half dead and they pull them through and they get to be in pretty good shape.

Morley says all of the doctors are wonderful although they are all different from each other. Doctors McLean and Day both talk with a pronounced accent although I find McLean quite intelligible. These two men are very good with patients, very friendly, very easy to get along with, she says. They know how to handle people and they get patients to do things. Dan Nichols, on the other hand,

Morley describes as stern and businesslike but an excellent physician. If she were sick she'd probably prefer to be under Nichols because he is so businesslike and gets things done. He's always very definite in what he says and when he lays down the law to some patient, you know that that's just what he means. McLean and Day, on the other hand, are sometimes a bit wishy-washy in dealing with the patients, especially if the patient puts some pressure on them to get some privilege.

DAY 2

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Walters noticed that Bailey was wearing her wedding and engagement rings and she wondered whether it was wise to do this when working on the floor because the rings would 'pick up bugs'. Bailey says she wears the rings quite often and she sees no reason why she should take them off just because she's working around TB patients. She doesn't think it makes any appreciable difference so long as you wash your hands quite often. Hodge agreed with this and assured Walters that little objects of that sort weren't going to make any difference if you followed cleanly habits.

The attendants and Mrs Hodge discussed a patient named Jason on Ward A who gets mad at you if you bother him (for example, waking him up before breakfast in the morning). They've had trouble with him ever since he's been here and he gets quite violent at times if you do something which upsets him. He might throw a water bottle at you if he's mad enough. Walters says she doesn't see why employees should have to take that sort of thing from a patient and she believes that she would probably throw the water bottle right back at him if it cost her her job. Hodge said she would be likely to do the same thing although she might try to restrain the patient before doing something that drastic. Bailey says she was giving Jason some A.M. care once and found his bedside stand pretty dirty. As she began to clean it, she bawled Jason out for not keeping his stand cleaner. Jason started cursing her and she cursed right back. It was pretty much in fun but while they were at the height of their cursing battle Dr Nichols walked in the room. Nichols seemed to think the whole thing was very funny.

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We had nothing to do until 7:25 when the cart with the breakfast trays came round. The woman from the kitchen goes into the gown room and changes into one of the wrap-around uniforms that the

women wear on the ward and she comes out on the ward with the tray cart to make up the trays. We attendants take the trays from her as she completes each one and takes it to one of the tables in the recreation area for those patient who get up to eat or to the patients' rooms for those who eat in the rooms. All of us took part in serving the trays and we were through at about 7:45. Actually having three attendants or for that matter having two attendants to serve trays was rather ridiculous because it's a pretty slow job for the kitchen worker. One attendant could keep up with her quite easily.

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Walters spent some time questioning Hodge about how long patients remained infectious after they started treatment and what the dangers are of infecting other people on the outside at various stages of their treatment. (Walters seems to be using Hodge as a physician in this case. Walters apparently is interested in picking up a little more knowledge on various aspect of the disease but is hesitant to approach physicians about it. She will therefore ply a friendly nurse like Vivian Hodge with a lot of questions to try to get her curiosity satisfied without approaching one of the big wheels whom she is probably to some extent afraid of.)

We went out to pick up 'bug bags'. Bug bags are the paper sacks in which the sputum napkins are discarded by the patients. Ordinarily you go out in a team of two, one of whom is clean and the other is dirty. The dirty person actually picks up the bags and the sputum cups and the clean person supplies the patients with new bags and sputum cups. This took us only about fifteen minutes.

After we were through Bailey wanted to keep on the same mask and gown for bed making and Walters sharply disagreed. Walters believed that a different gown should be used for the bed making since the one used for picking up the bug bags would be very dirty. She also pointed out that masks should be changed frequently, about every thirty minutes at least. Bailey thought you should keep the same mask on until it started feeling wet. She also didn't see any point in changing the gown since you were getting contaminated all the time in the patient area anyway. Walters is definitely more particular about the isolation technique than Bailey is. Various things that she says and the questions she raises also indicate that she's much more afraid of the disease than Bailey is.

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Hodge reminds McLean of the trouble they had with a patient, Muncy, who was just discharged a few days ago. This man had

months ago gone ahead and started planning his discharge for the near future when in fact the doctor hadn't decided to discharge him yet. When he found he wasn't getting out right away, he was extremely disappointed and became quite hostile toward the whole staff. McLean figures that this was largely his fault. He had sounded so encouraging when he told this man that his cultures were negative that he probably built his hopes up too high. McLean remembers the time he told one patient on the 31st of January that he would be discharged in three months. The patient promptly started making arrangements to leave the hospital on the first of March. When McLean asked him how he figured that out, the patient replied, 'January, February, March, three months'.

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Hodge told me that some patients practice very good technique on preventing the spread of their disease, but there are some other patients like Bill Hoffman, who break technique all the time. Some of these patients wouldn't mind coughing into your face. She says she really gets after patients who pull stunts like that. She considers their behaviour unpardonable.

There aren't any very standard isolation techniques for employees. Mrs Lovell has drawn up some general rules and Hodge considers these rules quite sensible and not very inconvenient to follow. However, the nurses and attendants really don't follow them as much as they should. For example, they don't wear the mask and the gown as often as they should.

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When Bailey was demonstrating the sterilizer to me, she tossed in a rubber hot water bottle along with other things, Later on in the nurses' station I asked her what I should do with this rubber bottle when I took it out of the sterilizer. Walters immediately spoke up, 'You mean you put a rubber bottle into the sterilizer? You should never do that, it will ruin it.' Hodge nodded in agreement. Bailey insisted that she had been doing this all along and they did it that way on Ward A. We kidded her about it a little bit, telling her that's why all these bottles had been falling apart recently. Hodge grinned and she said, 'Now we're not criticizing you, you understand. Just don't do it again.'

I didn't wear a coat during the morning and then they told me to wear one when I went to lunch. In the afternoon I asked Hodge whether I should wear a coat on the ward all the time and she thought that might be a good idea. However, she sounded very

uncertain and suggested I ask Jimmie Shaw about it. He would know more than she did about the best arrangement. Hodge said it was a long time when she first came here before she learned when to use a mask and gown and when not to. You will often see people doing things for which they should be wearing a mask and gown and not doing it. You just forget those things unless somebody keeps reminding you all the time. I don't like these coats, but it looks as if I'm going to be stuck with one while working on the ward.

Hodge several times today stressed the importance of keeping the confidence of the patients and not blabbing about things I learned about them. Patients often stoop telling you things and were very sensitive about having their personal affairs talked about and she couldn't blame them at all. If she were a patient, she wouldn't want people talking about her personal business. I told her about some of the things I learned while I was a patient and how suspicious patients were of staff members and the fear they often had that things they even told the physicians in confidence would soon be spread all over the place. Hodge thought this was a real fear on their part and a justifiable one.

DAY 3

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About 7:55 Bailey and I went to pick up the few trays of patients served in rooms and also to pick up the water bottles. The whole thing took us only about five minutes. I had been instructed to pick up any glass in excess of the one which the patient might have on his stand. One of the patients told me to take both of them he had there and I did so. (It's impossible for nurses who are training new ward employees to tell them how to meet every possible situation that might come up. They try to concentrate on the more general rules of how to go about doing things. Therefore, when a patient asks me to do something for him which I wasn't specifically told to do, I will go ahead and do it unless it seems to be a definite violation of some procedure I had been asked to carry out or some principle I had been asked to follow by the nurses. In this way the patients take part in training the new ward employee – by letting him know some of the details of the kind of work they expect from him.)

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Bailey and I then collaborated on picking up the junk. She got the sputum cups and the 'bug bags' and I got the bags out of the waste basket. I didn't get the bag out of Mr Linn's room because it was too much trouble to get the key and go all the way back there just for that one thing. I figured later in the day when somebody went in there for something else they could check his bag and if were too full, they could bring it out at that time. I can see where Mr. Linn was going to get overlooked quite often for this very reason. This is just one additional difficulty of being locked up.

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I didn't wear the gown all day today, but I did wear my white coat while I was on the ward. I had worn the mask for picking up the junk and then took it off so that I could go into the nurses' office. A few minutes later I went back out to take care of my A.M. Cares. I put a mask on again for that. Today was the first day that I had a definite assignment, all the rooms from 14 to 28. That's not quite as much as it sounds because a lot of the odd numbers above ten are missing. The main principle of the A.M. care on this ward – where almost all the patients do everything for themselves – is to wipe off all of the surfaces which can collect dirt and dust of any sort. I would wipe off the upper surfaces of the lamps, the beds, the bedside stands, the over-the-bed tables, the chairs, the window sills, etc.

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Mrs Hodge put on a mask and gown and pitched in and helped me at my work. She went into Room 26 where Novalis had been by himself until he was transferred this morning. She stripped and remade the bed and did all of the surface cleaning. This is the first time I had seen one of the nurses with a mask and gown on. They usually don't do the kind of close patient work where contamination is most likely to occur. Freund was wearing a gown a large part of the day, but this was more to protect her auxiliary uniform than anything else and she wore it in the nurses' station as well as in the patient areas, certainly not a good way of following isolation technique. However, I never saw Freund with a mask on today.

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At one point [at lunch] Walters dropped her knife on the floor. She stooped to pick it up, then stopped, got her napkin and stooped over and picked the knife up with the napkin and took it over to the dirty dish window. She came back talking about the fact that the knife was contaminated and we must be careful not to touch

anything that's contaminated. Farrell began to kid her about this. Both Farrell and Hodge obviously thought her behavior was ridiculous. Farrell said, 'A bug would have to sneak up on Walters to get into her.' When Walters started criticizing the two nurses for wearing rings on their fingers, saying that they would catch the bugs, Farrell pointed to the earrings that Walters was wearing and told her to watch out for those. If any of the bugs got caught on her earrings they would crawl right across her face and get into her mouth. A little later Farrell suggested that Walters needed one of those space suits so she could enclose her whole head inside a glass bowl and not come into contact with the outside world at all. When Walters heard this her face brightened and she said, 'Yeh, that would be just the thing.' The rest of us burst out laughing, and Farrell continued to kid Walters about the danger from TB until we left the table.

My assignment for the afternoon was to clean the treatment room, the recreation area, the gown room, and the nurses' station. The principle of doing this work is pretty much the same as the A.M. cares for the patients – you clean off every surface on which dust or dirt can accumulate. I did the treatment room first and then started on nurses' station. When I brought a can of Ajax into the nurses station, Hodge asked me where I had bought it from. When I told her I got it from the treatment room she said it was all right, but she didn't want me bringing anything into the nurses' station from the dirty utility room. She said when she first started to work here, she was doing that sort of thing all the time and it took her an awful long time to learn not to take things from the dirty utility room into the nurses' station.

As I was going down the hallway to get another cleaning cloth at about 12:40 it occurred to me that the patient's doors were supposed to be closed at 12:30 for their afternoon rest period. Hodge hadn't said a word to me about this. I went around closing those doors that were still open. None of the patients raised any objection at all, either they said nothing or had some friendly words as I came around to close their door. I did not tell them to rest or to go to bed or anything else, but left this entirely up to them. I have never yet seen any of the nurses go around to check during the afternoon rest period to see whether the patients are actually in bed. The fact that they close their doors in this hospital, of course, makes it even easier for the patients to violate the rest rules so long as they stay inside their room. If any of the patients had resisted having their door closed for the afternoon rest period, I most certainly would not have tried to force the issue, but would simply have reported it to Hodge and would let her take care of it.

DAY 4

I came on Ward B at about 6:50 this morning. Bailey was already there, but Hodge and ~Walters came later. The night nurses were Mead and Hillyer. They got into a discussion of how scared Walters was of contracting TB and both Mead and Hillyer thought this was ridiculous – it wasn't that easy to pick up the disease. They asked each other and some of the other people present who had a positive skin test and a negative skin test. Hillyer said her husband had been working in TB hospitals for years and still had a negative skin test. Hillyer then told the story about how careless Nichols was in isolation technique. One time she had seen him pick up a gummed label from the blotter in the nurses' station, which is one of the most contaminated areas of all, and simply lick this label with his tongue before sticking it onto a container. The other people agreed that the physicians were the most careless of all when it came to isolation technique.

After Hodge got there, we had the nurses' report. Mead told of the medicine she gave to Mrs Vines and Mrs Burgess. She told Hodge that Linn gave the P.M. shift a hard time last night, but he was all right during the night. She warned us that we might expect a bad time from him today, however, because he seems to be getting desperate about getting out of that locked room all the time.

After the night shift had left, Walters proceeded to whip up scare stories about what Linn is going to do to us today. We'd better watch our step or he'll try to break out and knock down everybody who gets in his way. She told the rest of us that if we went in there, he was liable to grab us and start beating us up or to try to squeeze the life out of us.

They had stopped the early morning baths because Mr Keller is a light sleeper and his room is right next to the bathroom. Some of the patients who aren't able to sleep sometimes get up around 5:00 in the morning and take a bath. They have a sign up now which tells them not to take a bath before 6:30. They also report that Linn usually watches TV until all the stations go off at night. I have heard other comments about patients who stay up reading or watching TV late at night, or of patients who get up very early to do something in the morning. Apparently, there is no strict enforcement of night time rest and the patients are pretty much permitted to set their own schedule on this.

They did quite a bit of kidding Walters about her fears of catching TB. Walters said she didn't see how anybody could remain negative after many years in contact with TB patients. Hodge tried to explain to her how this might work and that TB wasn't so easy to catch as Walters thought, but it didn't seem to do much good. Walters said, "I know what the facts are, but I just have my own feelings about it too." Hodge and Bailey scoff at this, implying that she was being irrational, but Walters stuck to her guns.

The breakfast trays came at about 7:15 and then we all served the breakfast trays until about 7:30. When Linn's tray came up, I carried it and Hodge came along with me with the keys to his door. Bailey and Walters started following us down the hallway saying that they were going along as a bodyguard. I protested, saying this was a ridiculous way to treat this man. I tried to hand the tray over to Walters and told her to carry it to him herself and I wouldn't bother to go along. Hodge then insisted that Bailey and Walters not follow us because it wasn't necessary. Walters said jokingly that she's just waiting for the time when Linn grabs wee little Vivian Hodge and starts tying her up into knots while she screams her head off.

When I returned from Linn's room, I went to the nurses' station and started to make myself some coffee. Bailey and Walters immediately asked me whether I had washed my hands before starting to make the coffee and I told them I had not. They then insisted that I throw the paper cup away and go wash my hands and come back and start over on the coffee making. Hodge took no part in this reminder, but simply smiled as we went through this routine.

While we were having our coffee and toast in the gown room, there was a buzz from Linn and he said he wanted a pencil sharpener from his suitcase. Hodge went through his suitcase which is kept in the gown room and wasn't able to find the pencil sharpener. She then went out to get Linn's pencils through his peep-hole and brought them back to the nurses' station and sharpened them for him. We spent some time discussing the court orders which brought patients like Linn to the hospital and kept them in confinement. There are one or two other patients who are here under court order although they are not locked up. Hodge says Linn has gone AMA [against medical advice] from various hospitals 27 times already and he's gone out of this hospital about five or six times against advice even though the hospital has been in existence only about eight or nine months. They all seem to

agree that a man like him has to be locked up to protect the community. They don't particularly like having to take care of them, however. Hodge says you can't properly treat a patient who is being confined against his will. He won't cooperate on the rest, on taking his medicines, or on following any other procedures, and therefore his treatment is not likely to be very effective.

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I went to Linn's room and made his bed for him. While Walters and I were in there, both of us chatted with Linn and he told us how desperately he wanted to get out of this locked room. He asked us how we would like being locked up all by ourselves month after month. He said his mother was going to see the judge who handed down the court order to have him confined to see whether she could get him to write a letter to the doctors permitting him to have his room unlocked so that he could go out and join the other patients and do some of the things they do. Walters challenged him by saying "But you always run away when we let you out." Linn insisted that he had his reasons when he walked out of here against advice at previous times. He's just going to have to make up his mind to stay here until he's cured and he thinks he can. He says it's enough to drive a man crazy to be locked up all the time and something has to be done about it soon.

When we were working in Linn's room, we found that we were short of several pieces of linen. Each time this happened Walters promptly said she would go and get it and I let her do so because I knew she was afraid to stay alone with Linn. Later on I picked up some of Linn's old newspapers and simply stepped a few yards outside the door to put them on a cart and Walters immediately called after me not to leave her alone there.

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After we were through with Linn we did the A.M. cares in the few rooms that Bailey had not already done. We were through with this by 9:40. (I noticed that Bailey and Walters always get through with their cleaning jobs very quickly, more quickly than I do although they don't work any faster at it than I do. It's pretty clear that they just don't do as thorough a cleaning job as I do and on going behind them sometimes I do notice that they do a very skimpy cleaning job in many areas. Perhaps this is the sort of thing I would be doing too if I were here very long doing the same sort of work day after day.)

Walters noticed that Reichenhall is using one of the hemorrhage basins to spit into. He was given the paper basins when he had his bronchogram yesterday. Walters wanted to know whether he shouldn't be using a regular sputum cup today. Hodge agreed that Reichenhall should have gone back to his regular sputum cups, but she immediately assured Reichenhall that it's not his fault, but rather her own fault for not instructing him properly.

Bailey and Walters started to distribute the nourishments and the water bottles while I took the temperature, pulse and respiration (TPR). I was all through at about 9:50.

On taking the TPRs it's important to give the patients the impression that you know exactly what you're doing and not do any faltering in the manner in which you go about counting the pulse or counting the respiration or taking a reading from the thermometer. I was warned earlier by nurses and attendants that in taking these readings on Mr Linn and Mrs Vines, it was very important not to show any uncertainty because they would immediately try to take advantage of it. I would think, however, that this same thing is true to some extent in the case of all the patients. It is not simply that the patients might try to embarrass the employee or to insinuate that he doesn't know what he's doing. In a great majority of cases I'm sure the patients wouldn't say anything at all about it. But the attendant has the feeling that he's being watched and might be criticized for an error and he feels for his own status in the eyes of the patients that he must look as if he has the situation under control and knows exactly what he's doing. The result is that I, and I suspect other attendants as well, will tend to slur over potential inaccuracies. In the case of getting pulses, for example, most pulses come through quite clearly on the first try, but there are some people whose pulse is harder to get. If I can't feel it on my first grab, I will usually try one or two more times, but if I still don't get it clearly, then I will do my best to make a guess with a rather poor pulsation rather than try any longer than that. The respirations are even more difficult because in the case of many people it is hard to see when they are inhaling and exhaling, especially if they happen to do some talking while you are trying to count their respiration or if they are puffing on a cigarette or pipe, or doing anything else which might in the least disturb the rhythm of their respiration. Respiration therefore involves most of the guesswork, the pulse the second most and the temperature the least since the thermometers are almost always very easy to read. No doubt attendants sometimes make up pulse and respiration when for any reason they are unable to get them. In fact, Hodge told me that this has been done sometimes when you just can't get a

reading. Apparently, it's important for the nurses to keep their records complete so that if they are not able to get a reading and they don't think it's very important, they'll just fill in something that looks reasonable. The attendants save the nurses the trouble of filling it in by doing it themselves before they return their clipboard to the desk.

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At dinner [lunch] I met Arabel Dickens, the "good looking young redhead" as Bailey had described her to me yesterday. Dickens is an RN who is on Ward A at the present time. She is pregnant so I guess we won't have her with us too much longer.

Bailey asked about some of the patients on A and Dickens and Mrs Lewis answered her questions. They told us how hectic things were over on Ward A with all the sick patients they had to take care of. Bailey thought they could spare some more help from B Ward to help out on A, especially on the P.M. shift when they really didn't need an attendant on B at all. The nurses seemed rather reluctant to accept this. They seemed to think you needed at least one attendant on each ward all the time. Ward A has 35 patients now and they all have to be waited on a large part of the time. You have to pick up all of their trays after lunch rather than only three or four of them as we do on B.

One of the main subjects to conversation again today was Walters' fear of catching TB. I raised the question of whether this was just an act on her part to be funny. All the women at the table insisted she was really very fearful and this was not just an act. Bailey described how Walters will scrub her arms all the way up to the elbow after she's been out in the patient area even if she hasn't touched anything. Dickens said that when Walters was working on her ward yesterday she was fooling around with one of the stretchers and accidentally fell on the floor. Dickens jokingly told her that she was contaminated now and she better run off to the shower room and pull her clothes off and scrub her body. Walters promptly got permission to go off the floor, ran to the nurses' lounge, pulled off all her clothes including her underwear and threw them into the washing machine and scrubbed herself in the shower. She then stayed in the nurses' room wrapped up in a gown waiting until her clothes had been washed and dried in the machines they have in there and then got dressed and came back on the job. Earlier this morning on B Ward Walters had come in to tell us that she had just pricked her finger with a safety pin while she was out in the patients' recreation area. I told her that to be on

the safe side she had better cut her finger off before the TB spread to other parts of her body. I guess I better be careful what I tell her in the future because she takes these things so seriously.

Dickens says she often forgets to wash when she's done something for a patient or has worked in a patient area. She'll go out and change a patient's dressing and come back to the office and sit at the desk with her head leaning on her hand without even having washed. She says you just forget those things a lot of times. She doesn't seem to be very concerned about the fact that she does forget.

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The efforts at maintaining isolation technique around here would make one think that TB was spread primarily by direct contact with food, contaminated fingers, and contaminated objects which one puts to one's mouth. It is unlikely that TB would be thought of as an air-borne disease when you see the way the nurses try to protect themselves. There is relatively little emphasis on wearing a mask and the greater part of the day the ward personnel do not wear masks. I rarely see a nurse wearing a mask, and then only when she is doing "attendant's work" such as making a bed in which a patient has been sleeping. The attendants wear masks only when they are making the beds, cleaning the patients' rooms, and picking up bug bags. Both nurses and attendants are often in patients' rooms at other times and sometimes for fairly long periods without ever putting on a mask.

On the other hand, they go to quite a lot of trouble to protect themselves against the direct kind of contact, and that is where most of the emphasis is laid in training isolation technique. There is, for example, the changing of clothes when leaving the ward so that the clothing which has been in contact with contaminated objects won't be worn in other areas which are considered clean areas. There is a great deal of emphasis on washing hands so that contaminated fingers won't transfer the bugs to one's mouth or to other objects which may eventually come into one's mouth. There is this particular emphasis upon washing one's hands with extreme care before going to eat and being careful not to touch anything after washing one's hands until one has eaten, which suggests that TB is primarily a food-borne disease.