

## The Art of Being Comfortable under Difficulties.

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Walking along a high road one winter's morning I received an object lesson in an art which is indispensable for the well-being of the district nurse's patients. The sun, like the Wordsworthian idiot's, "did shine so cold," and the temperature was scarcely above freezing point. An old stone-breaker was at work close to a cottage which touched the road, it was time for lunch, and he became my silent instructor. He took two flat stones, each weighing perhaps half a hundred-weight, and set them one on top of the other in a deep angle which faced south, and was formed by the wall of the kitchen and the chimney; on that he laid a smooth slate, on that a piece of sacking; he then put on his coat which had been carefully hung on the hedge, and finally sat down to his bread-and-cheese with an air so suggestive of physical well-being and *le superflu*, that a passing terrier, by no means in needy circumstances, promptly sat up and begged.

The stones were left in the corner as long as the work lasted, about three weeks, but the slate was hidden in the hedge every night, and the sacking carried to and fro. One ceased to feel surprise that although well past seventy he could still do a profitable day's work, but worn out tramps not half his age stood still in wonderment to watch him. "Knockin' 'em about, mate?" they would venture at last. "Yes; they needs it," was the reply, and somehow it always closed the conversation.

When the district nurse sets to work to practise this art for the benefit of her patients the first thing that needs attending to, either in acute illness or severe chronic illness, is the bed. The bed, even in decent homes, is often inconceivably uncomfortable, utterly unfitted for any but those in robust health, and it is nearly always double, thus greatly adding to the labour of nursing, and demanding full-sized sheets, blankets, &c., which are exceedingly heavy to wash, and taking up a disproportionate amount of air and space in the tiny room. A further objection to the double bed is that it is practically impossible to ensure that it is used by the patient only. I have known a child of nine allowed to share the bed of a grandmother dying of cancer, although there was no lack of accommodation (five rooms and a washhouse for three adults and two children), and no lack of means.

Where there is a chronic patient, however, there is usually some degree of poverty, and if a suitable bed cannot be bought by the relatives, the nurse should appeal to some charitable person to give a hospital bed with a wire mattress covered by a hair mattress, or, at least, by a well-sewn wool one. In large towns these beds can generally be bought second-hand, but clean and in good order, for sums varying from 25s. to £2. A gift like this may benefit a patient and her family for years, while doles of money, though amounting in the aggregate to far more, would be wasted or produce a totally inadequate result.

A further economy of space, which at the same time adds incalculably to the patient's comfort, is a high bed table placed across the bed and just wide enough for the legs to clear its sides. A hospital bed allows no space for the ordinary bed table with nine-inch legs, and at best it is a shaky and unsatisfactory arrangement. Patients nearly always have a friend or a friend's friend who knows something of carpentering, the materials need cost only the veriest trifle. Four lengths of quartering at 1½d. a foot will make the legs, and the best pieces out of an old packing case the top; a ledge about one and a-half inches in depth should be nailed round the edge at the back and side, and the boards rubbed down with glass paper and painted. It is also convenient to have a bag of some washing material in which the patient can keep handkerchief, letters, or other special treasures, fastened with a safety pin to the counterpane.

A stout strip of cotton knitting, the two ends tied to the footrail of the bed and the loop placed within the patient's reach, makes a capital bed pulley; and an effective bedrest can be contrived of a large diamond-shaped piece of knitting with two straps. A cradle is generally needed to keep the weight of the clothes off the feet; some patients dislike the feeling of restriction given by a cradle, and for them the best substitute is either to put a padded box at the end of the bed (which will also give them something to press their feet against if weakness causes them to slip down too low), or else to allow the upper sheet and the blankets to hang over the foot rail.

An ample supply of pillows is needed to enable the patient's position to be varied so as to relieve pressure; one is often required under the knees. A soft, small pillow is useful to fit into the nape of the neck and support the back of the head, but the remainder may be of clean oat chaff not too tightly pressed together.

The nurse should try to abolish all needless labour, especially the excessive amount of

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