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Editorial.

THE CARE OF THE DYING.

The present age is one of hurry and hustle, of up-to-date methods, of progress. During the last fifteen years an increased knowledge of bacteriology has revolutionised surgical procedure, the modern nurse must, of necessity, keep herself abreast with the principles underlying the work of her chiefs, and can talk learnedly of bacteria, micrococci, asepsis, opsonic indexes, and so forth. All this is good. Without an intelligent knowledge of these matters she will prove a very inefficient co-operator with the modern surgeon. But in her laudable keenness on these subjects is she not sometimes apt to overlook the importance of one branch of her calling, the care of chronic, incurable, and dying cases?

"Oh, yes," says someone, "but chronics, lots of people can look after them. It would surely be waste of time for a nurse with the certificate of one of our leading training schools to take up that work. And as for incurable work I could not stand the sadness of it. A death always takes so much out of me." Well that is not an exceptional experience, and yet the dying need the best and tenderest skill that we can place at their service. None are more sensitive to the gentleness bred of unspoken sympathy than those whose hold on this world is loosening, and this knowledge helps a nurse who devotes herself to their care through many arduous days and nights.

It may be conceded at once that some nurses are much more fitted for this branch of work than others. Preferably those who have had some experience of life, and, it may be added, of illness them-

selves. For we are so dull, so dense, we find it so difficult to put ourselves in other people's places, if we have not been there; we are not wilfully unsympathetic but we do not understand, and the majority of us have little imagination to help us to do so. How should a healthy girl, who has never known a day's illness, understand the querulous, exacting, it may be unreasonable, outlook of some chronic invalids. "She could help it if she tried," says the nurse who considers that she has done everything for the patient's comfort that any reasonable person could expect. Perhaps—but then, though many a patient puts one to shame by his uncomplaining endurance—we must expect others to be unreasonable. We did not undertake to nurse only perfect beings but all who need our care, and human nature as a whole is far from perfect. We are inclined to think that to nurse a chronic case thoroughly well is a high test of nursing efficiency.

A wise and experienced nurse recognises that much apparent unreasonableness is in reality illness, and arises from a disordered nervous system or other causes—we may instance the irritability of cancer patients when the disease affects the brain. Such a nurse will by no means relax her efforts, and her work will have its reward. She will realise in time that there is no greater privilege than to be allowed to minister at the bedsides of the dying, that her work is not wasted, for that to do so efficiently, to cope with the emergencies which arise, taxes at times the resourcefulness the best training can give, and, when her own turn comes, and tender hands minister to her in her extremity, she will be happy in the consciousness that she too has done what she could.

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