

NOTES ON THE NURSING OF CHRONIC CASES.

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PART I.

Seven years devoted to the care of Chronic cases may be an excuse for this paper, the aim to interest nurses and others, and to give a few old remedies their due meed of praise.

Coming fresh from hospital to the care of chronic cases, whether old or young, is a great change. Only those in close sympathy with children or the aged should take up this work, lest they be weary in well-doing, and regret this step—perhaps too late. Now change is the natural atmosphere of a hospital ward—but in the case of chronic nursing it is the reverse.

My own work has been in a large Incurable Home for Children, where some treatment is carried out, but where many cases are from the first absolutely incurable—though in need of the utmost care and nursing. I do not propose in the scope of this paper to enter into particulars as to the result of different treatments, especially modern and up-to-date work—but rather to discuss the moral, mental and physical care, from the nursing point of view, of chronic patients—always be it remembered that a wide scope of minor treatment is in the hands entirely of the Sister-in-Charge where the medical staff are non-resident, and the nurse well-trained and trusted.

Briefly, the cases dealt with may be classified under the following headings:—Tuberculosis, paralysis, chronic rheumatism or rachitis, with renal or cardiac disease as a primary or secondary condition. The greatest mortality has been usually amongst the old-standing tubercular conditions—(phthisical cases are not admitted)—of these in some instances coming from the poorest section of society, the deformity is of years' growth, and little surgically can be done, so that absolute cleanliness becomes a great difficulty. In special conditions, where ankylosis of the legs has been allowed, this is particularly the case, and as the nurse first desires to thoroughly cleanse the patient and to keep the surrounding surfaces of skin absolutely healthy (so that many old sinuses may be kept surgically clean), this is best done by immersing the patient daily or on alternate days in a bath containing a weak solution of Jeyes' fluid. This sounds very simple; I have often, however, been unpleasantly struck with the condition of the skin when a patient has been admitted from a hospital, and daily seen an improvement in the condition

of the wounds when once this regular bath has been instituted. Our own practice has been to cover the wound with a sterilized temporary pad, and complete the dressing when the patient is once more in bed. The bath should be of porcelain or perfect enamel—not old and cracked. When the dressing is left much in the nurse's hands, she will find that a frequent change is desirable, and will ring the changes on dry sterilized gauze, with Boracic Powder on surrounding tissues, a wet dressing of Peroxide of Hydrogen 10 vol. $\frac{1}{3}$, with an occasional Boracic fomentation, especially where pain is present, and for superficial wounds the old-fashioned Lotio Rubra is most useful. Granulation may be kept down regularly with sulph. copper, gauze plugs only used for new sinuses, and then put in lightly. Tubes, however much sterilized, in chronic nursing are a snare, and unnecessary, and ointments are almost always undesirable. Bovininé as a dressing will sometimes do wonders for a superficial wound, *but for all cases of caries of the bone rest is the most necessary treatment.* For early spinal cases and hip cases, extensions continuously and carefully applied are essential, and for other conditions poro-plastic jackets, jury-masts, and splints are the first step towards this end. The practice of allowing hip children with sinusis, to be up in Thomas' splints, cannot be too heartily condemned. While there is an open wound the patient should be at rest. The oldest standing cases of hip disease may be healed, but rest in the fresh air, with attention to the general health, is the first thing to be aimed at.

In old-established hip cases, a Thomas splint, which is never taken off except for the bath, is most successful, but where there is old-standing shortening, extensions appear to give little benefit. Abscesses are carefully to be reported. Those opened by aspiration usually do best. In the case of tubercular glands, an early application of Iodine as a counter-irritant is useful. Iodex, a preparation of Iodine, has been proved a great boon, for it does not irritate the skin, is easily applied, and does not stain. The part affected should be kept at rest.

More and more it has been impressed on me that, with any tubercular condition, those cases open to benefit, or those riddled with disease, only cleanliness and treatment directed towards the general health of the patient give any results worth mentioning. Another point which is perhaps worthy of remark is that out of a very large number of tubercular cases, almost without exception, albuminuria occurs a few months before death, though entirely

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