

# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 1,471

SATURDAY, JUNE 10, 1916.

Vol. LVI

## EDITORIAL.

### THE CARE OF THE INFIRM SICK.

The aim of the science and art of nursing is fundamentally to make the patient comfortable. While therefore theory and practice go hand in hand in the training of a nurse, and each is important in its degree, the skilful handling of the sick person, the performance of offices which the helpless patient cannot perform for himself, the preservation of the body afflicted by disease in a condition of cleanliness, its nutrition by suitable food, deftly administered, the cultivation of gentleness and tenderness in dealing with all sick persons, the maintenance of hygienic surroundings, these are basic principles upon which alone good nursing is founded. Aptitude in the dressing of wounds, skill in bandaging, and other duties which really are a part of minor surgery, all these are good, and instruction in these duties is indeed a necessary part in the training of a nurse, but without the qualifications above enumerated she can never achieve excellence.

Viewed from this standpoint, nowhere is the clinical experience necessary for the attainment of real nursing skill more available than in poor law infirmaries, where are congregated the halt, the maimed, the infirm, the blind, all that pathetic army with which life has dealt hardly, and flung upon the care of the poor law in sickness and old age, not necessarily from any fault of their own.

It is often supposed that these patients need little skilled nursing. This view was indeed expressed by a member at a recent meeting of the Oldham Board of Guardians (Mr. Simister) who stated that 90 per cent. of the patients in their hospital did not require nursing, and also that there was

no necessity for much supervision over cases of senile decay and old age.

Mr. Elias, one of the Local Government Board Inspectors, who was present, said that he was afraid Mr. Simister did not appreciate the need of the patients in hospital. He was sure it was quite untrue to say that 90 per cent. did not need nursing. The Local Government Board considered that senile decay cases, and those of aged people were those which required most treatment and could not be lightly dismissed.

Take also the cases of paralysis, often heavy patients, lying helpless day after day, having a change of position only when moved, considered by many people dull and uninteresting. Even that depends much on the intelligence of the nurse, for the scientific interest of these cases is often considerable. But how about the human interest? If the aim of a nurse is, as it should be, the relief of human suffering, she could scarcely have any object on which better to practise her art than on a case of chronic paralysis. It is no small achievement to keep such a patient dry, comfortable, and warm, for the disease often causes a loss of control necessitating the frequent changing of the patient. The preservation intact of the skin, which, owing to the patient's condition, is usually ill-nourished and difficult to preserve over points where pressure occurs; to perform the necessary duties with respect for the feelings of the patient; to surround him with an atmosphere of serenity, making due allowance for the irritability and the depression resulting from the disease; to be quick to interpret the needs which the indistinct speech obscures—all these are tests of the true nurse, and her tenderness to such helpless patients will be the gauge of her vocation, and will earn for her the gratitude of many who cannot express it in words.

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