

NURSING OF THE CHRONIC SICK.

PRESENTED BY A FELLOW OF THE BRITISH COLLEGE OF NURSES.

Who and where are the chronic sick?

On thinking over what I should say to-day, the scope of the subject appalled me, even if only the physically sick are considered.

There are the various forms of tuberculosis, usually cared for in special hospitals, or in Colonies under trained supervision for years together. There are the crippled children, again in special homes and hospitals. There are those suffering from the various forms of venereal diseases, the epileptic, the blind, and so on.

For our discussion to-day, I think it is intended that we consider chiefly those chronic invalids who have no one to care for them in any way at home, or whose homes are such as to make the care of an invalid member of the household quite impossible even with the help of the district nurse, and who spend long periods in our municipal hospitals and institutions.

These can be roughly divided into four classes.

First. Those suffering from some disability which does not necessitate their remaining in bed, and who need no special nursing treatment, but who must be washed, dressed, helped with their food, and kept happy. In this class we find the elderly blind people, those crippled by old injuries, arthritis, lost limbs, those with some chronic heart lesions, and other such ailments.

Secondly. Those who are helpless and bedridden, needing constant nursing care under skilled supervision, cheerful surroundings and possibly some amusement.

Thirdly. Those sad and suffering people, thought unsuitable for most voluntary hospitals because of their offensiveness to the other patients and the impossibility of any cure or relief from disease, but who need the best of skilled nursing care for months or even years. The inoperable tumours of the brain; cancer cases too late for treatment; those with diseases of the bloodvessels resulting in gangrene; the terrible skin cases which refuse to yield to any form of treatment; men and women with advanced heart diseases and dropsy, cirrhosis of the liver in the last stages, and many more that you who have worked in these hospitals will know and remember.

Fourthly. Those who are chronic cases and yet possibly curable, but where the cure may take any time from four months to six or seven years. Those young and middle-aged people who are helpless and deformed with neglected rheumatism, septic arthritis, etc.; elderly people with ununited fractures of the femur; young people with early heart disease; skin cases, spinal lesions, and many other such disabilities.

For the last two classes skilled nursing and much patience on the side of patient and nurse is absolutely necessary. Certainly Class 4 is also a very valuable asset to any training school for nurses, but often lost to those hospitals who cannot spare beds or time for such patients.

What of Class 3—those who need so much and for whom we feel so little can be done, except to make life a little less unendurable while it lasts?

These are a very great problem; the general wards of a large hospital cannot be considered the place to nurse them (though the patients themselves usually seem to prefer to be in a ward with other patients).

In a training school there are on the staff so many young nurses, in these days often under 20; the psychological effect of such terrible sights cannot be good.

What is the alternative: put them into special wards and nurse them with trained staff only? Yes, but rather terrible for the patients. Fancy lying for months surrounded by those with the same painful diseases, all

hopeless, none of the hope and joy of seeing others get better, get up and go home. To watch your companions get gradually worse, and to realise more and more the fate which waits for you!

Then it is not easy among our public hospitals to find the space to do this; the pressure on beds is so great that classification of cases is often very difficult, if not impossible.

In hospitals provided with several small wards attached to each ward this problem is not so difficult, but many of our older hospitals have not these advantages.

Would that some millionaire would provide and endow homes in every district where these people could be made comfortable and happy for the short period of life still left to them. Nursed by sympathetic trained nurses willing to devote themselves to this purpose, for whom the same millionaire had provided for each her own small flat with a central restaurant where she could take her meals as she liked, a little home where she could have a relative or friend to live with her if she wished, so that the feeling of living in an institution would be dispelled. There are some homes for these incurables, but, alas, far too few even to touch the fringe of what is required; too few also the devoted women able and willing to do this work under present circumstances.

Till this happy state of affairs arrives we must continue to nurse these patients in our hospitals and see that all possible is done to relieve their sufferings to the best of our ability.

A still greater task is to consider the first two classes. Here it is not how to provide for a few months or a year or so, but to nurse patients for their lives which, owing to the care given to them, may be prolonged beyond the allotted span.

Let us consider those in Class 2.

A pillion rider who fractured her spine as a young girl may live to be an old woman (I remember a patient who was knocked down by one of the very early motors and whose spine was fractured: she remained with us till her death some thirty years later, and died of something quite apart from her injuries).

As families more and more tend to live in flats instead of houses, a room cannot be spared for the chronic invalid, so that they cannot be nursed at home so often as of old. This means that the numbers for which the general public is responsible goes on growing.

Many districts have had to provide large public assistance hospitals for this type of patient only. Who is to nurse them? They must have good nursing, otherwise they will suffer much unnecessary pain; therefore they should be nursed by trained nurses or those in training with strict supervision. But it seems that there are only a few trained nurses willing to spend a year or so with these patients under present conditions. The younger nurses will say, perhaps rightly, that they are losing touch with progress in acute work; they get rusty and feel that they are wasting their skilled knowledge. Skill is certainly needed for these helpless beings, skill obtained by constant practice and a kind and sympathetic nature perhaps more than much highly technical knowledge; but that same knowledge is needed if these patients are to be really well nursed. These men and women, many of them incontinent and quite helpless, some childish and senile, some active in brain though helpless in body, need a great deal of nursing of a most monotonous kind: hour after hour the same wet and dirty beds to change, backs to wash and rub, limbs to arrange, positions to alter; meals, food to be put slowly into the same mouths. No variety as in district work; rarely any new patients, and no frequent change in the old ones. And yet—would we who have done this work have missed it? Never! No nurse's

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