

## A Guidance through the "Flat Swamp of Convalescence."

By E. J. R. LANDALE.

IN October number of *Misericordia*, (the monthly Magazine of the Guild of S. Barnabas,) there is a humorous letter from a convalescent, who therein gives expression to his disappointment in the Nurse, who having nursed him through an acute illness, to his comfort, failed to be all he needed when he found himself in the "flat swamp of convalescence."

It is good for us to hear the patient's side of the question sometimes, and it may not be without benefit to some of us to consider more thoughtfully the subject of what the patient's real needs are, and what the Nurse may be to the recovering patient. Some of the patient's needs are easy to define. He is weak; his slowly returning strength must neither be exhausted or wasted; his diet must be regulated; and special care must be directed to certain points according to what the illness has been. Is this all? Far too many Nurses seem to think so. A matter which affects the patient deeply, and which Nurses often lose sight of, is his mental attitude towards the life he is returning to. When very ill, a man is all-important to himself. The world is shut out; the usual daily life is separated from the present, as by a gulf impassable. But, when the acute suffering has abated; when danger is past; when the straw is swept up off the street outside, and the noises of the world penetrate once more his silent room, then he opens his eyes and looks about him on the "flat swamp of convalescence." His first step, is on shaking ground, and what he longs to feel is, someone by him with a steady, strong hand to hold him up, and a clear keen sight of the firm ground beyond, to which they are guiding him back. We get so muddled as to what is irritability and bad temper on our part, and what is the symptom of weakened nerve and feeble muscle! If the Nurse either resents the irritability on the one hand, or puts everything down to physical causes, on the other, the chances are both Nurse and patient will flounder in the swamp. If, on the contrary, the Nurse is blest with tact and judgment, she will feel no personal resentment at the cross speech, but, at the same time she will find some quiet method of leading back to the firm foothold of self-control.

Our convalescent patients may, roughly speaking, be divided into two classes; those who wish to do too much, and those who will not try to exert themselves; and with the one the Nurse stands on as slippery ground as with the other. Those whose energy exceeds their strength have often to be dealt with by compromise. If the convalescent has set his heart on doing something of doubtful expediency, and sticks to his point with the obstinacy of a weakened judgment then, in all probability, it will be the least of two

evils to let him have his own way in that particular thing, and take every possible precaution to provide against all the risks that can be foreseen. A better result is thereby likely to be achieved than if the nurse had carried her point at the cost of a discussion and argument wearing out the already weak nerve power. To know when, and how, to give in is an invaluable quality in a Nurse at all times, and combined with tact and judgment not infrequently ends in the Nurse getting what she thinks best for the patient. It is never wise to rouse the combativeness of either stupid people, or the physically weak.

In dealing with a patient who needs to be urged to effort, much depends on his tastes and character. Often such a one is a great strain on the Nurse, already tired by the nursing of the acute stage. Now she needs more than ever, quiet, unfailing, cheerful energy of mind to invent and forecast subjects of interest and amusement, and these, not according to her own tact, but to suit the character and circumstance of the patient she is dealing with. In fact she needs to be more than ever a woman of resource.

It is on occasions of this kind that Nurses who have cultivated any gifts and interests they may have outside their profession, or rather, I should say, brought into the service of their profession all their natural gifts, find their great gain, and those who have allowed themselves to become "Hospitalized" are greatly at a loss. For a Nurse to read and think on subjects other than professional—to interest herself in pursuits she may have no time or occasion to follow is, for her work's sake as well as for her own mind's breadth, a duty. I shall never forget a most difficult patient who, on finding out that his Nurse had a knowledge of fishing tackle, and could "throw a fly" became quite reconciled to her services; and another man who told me his Nurse's reading aloud was a revelation to him, (I afterwards discovered that Nurse had had lessons in elocution from a first class teacher). In the same way, ladies have often said about some work or embroidery, "The Nurse I had when I was ill taught me that; it has been such an interest to me." I fear that, in the excitement and fatigue of their daily Hospital work, Probationers do not make sufficient effort to keep up their interest in other things. Now-a-days there is no excuse for them, the conditions of their life are so much better than they used to be. Are Matrons and Sisters altogether free from blame in this matter? It lies largely with them, I think, to guard their Nurses from taking up or continuing pursuits that will interfere with their work, but at the same time to prevent them so absorbing themselves in their professional work as to narrow their lives thereby. If a woman has, and has given herself up to, the vocation of nursing the sick, every talent and gift, every interest and development of which she is capable may be used with advantage to make her the better Nurse and so raise the standard of all nursing; and nowhere are the resources of an educated and thoughtful woman more needed than in nursing a convalescent. But I fear that when the excitement of the acute case is over too many Nurses take little or no trouble to realise what are the conditions mental as well as physical of their charge, and how they can deal with those conditions to produce the best and quickest results—guiding their patients through the "flat swamp of convalescence."

\* See Charles Lamb.

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