

must be washed twice a day, and a *little* zinc ointment rubbed in. Equal quantities of myrrh and glycerine is also very good; but most Nurses prefer using the zinc ointment.

*Temperature.*—There can be no rule as to when the temperature is highest, or when the perspiration will be most profuse. Sometimes the temperature is highest at midnight; sometimes about five p.m., lessening gradually till one a.m., during which time the patient has no rest; then feeling cooler, she falls asleep, and continues so for various periods, in such a bath of perspiration that pillow and bedclothes are saturated. Always have a fresh pillow ready to change when she wakes, for nothing is more disagreeable than the sour smell of perspiration. The temperature is rarely high in quite the early morning, but it may begin to rise about ten a.m., cooling in the afternoon sleep, and rising again in the evening. Always note time and duration of fever and perspiration.

*Position.*—The most comfortable position is the best; and patients will invariably adopt that in which they can breathe the easiest. An air pillow placed under the affected side is often a great comfort; it is light, so that the patient can shift it herself, and it is cool. If such a thing cannot be procured, a small ordinary pillow is better than nothing. A small hard bolster, about thirteen inches long, and nine inches or ten inches in circumference, placed under the neck, when the patient is lying on her back, so that the head falls back over it a little, is often of great relief to oppressed breathing, especially if there be any throat as well as lung trouble. These bolsters may be stuffed with horse-hair.

*Cough.*—The cough of a Phthisical patient is very variable—some days very violent, and on others seeming to have gone altogether. Very little can be done to prevent the paroxysm. When one comes on, gently place your arm under the patient's shoulders, and raise her to a sitting posture, tucking a pillow well round her loins: this gives support, and prevents cold striking that most delicate part. A Nurse should know so well that peculiar, almost silent gasp, given at the commencement of a paroxysm, that it should wake her instantly, even though she be sleeping in the next room, providing the doors are open between. Go *immediately*, and remain until the fit is over. Though you may not be able to relieve, yet the fit is most alarming to the sufferer, and she may break a blood-vessel. At any rate, it is a comfort to her to know you are there. If there be haemorrhage, lay her down as flat as is consistent with her difficulty of breathing. Never show alarm; however much you feel, it is intensely selfish to do so. Give her ice to suck, and make

her inhale turpentine sprinkled on a handkerchief. If the haemorrhage be severe, send for the doctor as soon as possible; always save handkerchief or spittoon for him to see the quantity of blood brought up. Prevent, as much as possible, the blood from going down the throat. If there be signs of choking, do not hesitate to put your finger down and bring up what is in the way—most likely a clot of mucus, or blood. Only a frightened or careless Nurse will allow her patient to choke from such a cause.

*Expectoration.*—Always watch and report the quantity and quality of expectoration, the difficulty or facility of bringing it up; and be careful not to confound vomiting, with retching and bringing up a quantity of phlegm. Patients will often tell the Doctor they have been very sick, when really they have only relieved themselves of an accumulation of phlegm, and not brought up any of the contents of the stomach.

*Head-ache.*—As patients grow weaker, they often complain of a "fly away" feeling in their head. This is often the case after a night of coughing, and you may sometimes perceive a general puffiness of the face—this, too, is caused by the violence of the cough. Relief from the disagreeable sensation in the head may sometimes be obtained if the Nurse will gently rub *round* and *round*, all over the top of the patient's head. Rags soaked in spirit lotion, and placed over the forehead, are often appreciated.

*Diarrhoea, Sickness.*—It is very common for Phthisical patients to have difficulty in defaecating, while there is as often just the opposite condition—terrible trouble from pain and diarrhoea. No remedies should be used except by the Doctor's written orders, as they consist principally of morphia suppositories, enemata, &c. Carefully examine the colour and consistency of the stools, and note whether they contain blood or mucus. For pain in the bowels, hot fomentations, sprinkled with laudanum, seem to give most relief. Oppression on the chest from flatulency may often be relieved by giving five to ten minims of pure terebene on a lump of sugar. This also helps to disperse any accumulation of phlegm. If there be much sickness—as is often the case—be very careful to feed your patient in small quantities; remember that two teaspoonfuls of nourishment kept down are of more value than half a pint taken and brought up again. Keep an exact account of food taken, and as nearly as possible of the quantity brought up, and note the time between the two. Burnt brandy may keep down better than unburnt; it is easily done by setting light to a spoonful of brandy, and allowing the flame to absorb the spirit. It usually reduces it to about one half.

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