

It may possibly occur to you to have patients brought in suffering from immersion in carbonic acid gas, perhaps by an accident to a sewer, or some such thing. These should be treated according to the directions given further on for the recovery of persons from drowning.

We will now turn our attention to a few of the disorders of the respiratory organs, which you will be likely to meet with.

There is a peculiar inflammatory condition of the larynx and trachea called *croup*, which is accompanied by a characteristic "*croupy*" sound, and the formation of a false membrane on the affected surface. This disease generally attacks children, and after having once had it, they are very liable to a recurrence of it. With the early stages of it Hospital Nurses have seldom much to do; it is only when the child's friends find their efforts for its relief unavailing, and become thoroughly alarmed, that they are willing to intrust their little one to the care of strangers. Then, alas! it is often too late for help to be of much use. The breathing is seen to be laboured and difficult, the countenance troubled, and suffocation imminent. It is in such cases that the Surgeon resorts to the operation of *tracheotomy*, as the only means of affording relief. Tracheotomy is the operation of opening the trachea below the seat of mischief, the object being to allow a free passage of air to and from the lungs.

The Nurse will be expected to keep the room at a very even temperature, from about 60 degrees to 65 degrees, being particularly careful not to allow her patient to breathe cold, dry air. This may be prevented by placing a kettle of boiling water on the fire, and attaching to the spout a tube, which serves to direct the steam into the room. In the opening which the Surgeon makes into the trachea he inserts a silver tube, inside which is a smaller tube fitting it closely. This requires to be kept constantly clean and free from mucus, which has a tendency to lodge there. It must be taken out occasionally, and cleaned with a feather kept for the purpose. When replaced, a rag, or a bit of antiseptic gauze, wrung out of hot water, should be put over the aperture, to prevent cold air from getting directly to the lungs.

A patient's strength must be maintained by nourishing drinks, and the Nurse should see that he is kept very quiet, and, if a child, happy and contented, as irritable restlessness and crying will be most injurious.

I must mention, by the way, that tracheotomy is performed for other diseases besides *croup*. In an adult, ulcerations and affections of a cancerous nature, or any serious obstruction to the breathing, often make the operation necessary.

The bronchial tubes are liable to an inflamma-

tion which is called *bronchitis*. Besides the remedies which lie within the province of the Physician, there will be others which it will be the duty of the Nurses to attend to. Poultices, constantly renewed, will probably be ordered; and the inhaling of steam affords great relief. Most Hospitals are supplied with an apparatus proper for the latter purpose.

The character of the expectoration—*sputum* is the proper name for it—must be very carefully noted by the Nurse, and specimens preserved for the inspection of the Doctor. The expectoration changes very much in the different stages of bronchitis. At first it is transparent and adhesive; when poured from one vessel to another it draws out rather like melted glass. There is usually a good deal of froth and air-balls mixed with it, this depending on the degree of difficulty with which the mucus is coughed up. Sometimes at this stage the sputa are marked with streaks of blood.

When the inflammation begins to subside, the expectorated matter changes its appearance. It loses its transparency by degrees, and thick masses begin to appear in it of a yellow, white, or greenish colour. These masses, of which there are only a few at first, increase till the sputa consist wholly of them. Sometimes, when this condition is arrived at, the expectoration will suddenly assume its former appearance; and as this is generally an indication of the return or increase of the inflammation, you should lose no time in acquainting the Doctor of it.

In a favourable case of bronchitis the disease generally begins to abate somewhere from the fourth to the eighth day of the disease; but if the symptoms do not yield to the treatment employed, signs of suffocation begin to appear. The lips, cheek, and tongue assume a purplish colour, delirium comes on, and rapid sinking, accompanied by cold, clammy sweats.

The patient is choked by the accumulation of mucus in the bronchial tubes, which he has not strength to cough up.

*Pneumonia*, or inflammation of the lungs, may extend to both lungs, or may be confined to one.

The usual symptoms are pain, more or less severe, on the affected side, dyspnoea, cough, fever, and a peculiar kind of expectoration.

In all diseases of the organs of respiration, the Physician bases his opinion greatly on the examination he makes by means of percussion. With this you have as Nurse little to do, except, I may say, that a Physician generally prefers a patient to be in a sitting posture whilst he is percussing. Before the Doctor examines a patient's chest, either by percussing or with the stethoscope, you should not forget to dry it carefully with a towel,

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