

## Lectures on the Nursing of Lung Diseases.

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### CHAPTER IV.

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THE history of an ordinary case of Pneumonia is usually very characteristic. The patient may be, until the onset of the attack, in ordinary health; but it is more often the case that he has been enfeebled by overwork or exposure to cold or damp. Very frequently, he has been suffering from some other disease which has depressed the general strength. For this reason, Pneumonia often occurs after scarlet fever, or measles, or one of the other infectious fevers. During the last ten years, it has frequently followed an attack of what is termed Influenza. The essential point to remember is that the worst forms of Pneumonia occur in persons who have been enfeebled by previous illness, and especially when the illness has affected the nervous system. When it occurs merely as the result of a cold or a chill, in a young adult who was previously in good health, the attack may be acute, but it is not so dangerous.

Pneumonia usually begins with a *Rigor*, or shivering attack; and, incidentally, it is well that Nurses should remember that every shivering attack is not necessarily a rigor. Some people, especially those with highly-strung nervous systems, develop an attack of shivering upon the slightest provocation; and sometimes it will be so severe as almost to persuade the onlooker that the patient is seriously ill. The teeth will chatter, the body will shake, and the face will look drawn and anxious; but, in these cases, the hands and feet do not become cold at first, nor does the skin of the whole body present that typical roughness to which the term *cutis anserina*, or "goose-skin," is applied. Nor does the temperature then rise rapidly to perhaps 104°, or even higher—all these being signs which are typical of a true rigor, and those which are usually presented in an extreme degree in the initial stage of an attack of Pneumonia. The temperature, however, does not fall again to normal after the rigor has passed off, but remains more or less high. The pulse, for reasons already explained, increases in rapidity, and, at first, is usually full and

bounding. The breathing becomes more and more rapid as the area of the lung available for breathing purposes becomes restricted; and, as a general rule, some amount of pain is complained of, over the affected part of the chest. In some cases, this pain is due merely to the congestion of the lung tissue; but it is sometimes increased by the occurrence of more or less inflammation of the pleura lining the affected area of the lung.

Then, the patient usually develops a hard dry cough which increases the pain in the chest, but is not attended for several hours with any expectoration. The next day, however, the secretion from the bronchial tubes usually becomes looser, and is, as a general rule, tinged with blood, forming a rusty-looking phlegm—the meaning of which has been already explained, as very typical of Pneumonia. Under appropriate treatment, the patient's strength will be maintained, the expectoration will become more free and more abundant; but the pulse, temperature, and breathing rate, will remain more or less high, probably, for about eight days. In a typical uncomplicated case, on the eighth day, there is usually a rapid fall of temperature, accompanied by profuse sweating; the pulse falls to normal, and the breathing becomes deeper and less labored; in short, the patient passes the crisis of his illness. After this, in a simple case, the expectoration becomes clear mucus, and lessens gradually, until it altogether ceases; whilst the temperature and pulse remain normal. But the patient usually remains for some time more or less weak and out of health, and requires to observe the most careful precautions, especially in avoiding colds or chills in order to prevent a relapse and a further attack of inflammation of the lung or of the pleura.

Such, briefly, is the history of a simple uncomplicated attack of Pneumonia, occurring in a young and previously healthy adult, who receives at once, and throughout his illness, proper medical and nursing care and attention. The lung, in short, recovers itself, and the blood and serum effused into the pulmonary tissue is gradually and completely re-absorbed, the circulation through the injured area becomes normal, the bronchi are cleared of mucus, and so the air passes in and out of the air cells, and oxygenates the blood circulating around them. In fact, the lung is once again able to perform its duties.

(To be continued.)

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