

## Lectures on the Nursing of Lung Diseases.

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### CHAPTER V. PHTHISIS.

Now, travelling onwards from the more simple diseases of the lungs, we arrive at the consideration of the most serious and fatal disease to which the organs are liable. The popular term of Consumption was given to this affection, and is still retained, because it denotes the chief and most striking sign of Phthisis—the wasting of the tissues until the body seems to be reduced to a mere skeleton. There are only two forms of Phthisis which require to be described in the present Lectures, and for the sake of simplicity they may be termed Acute, and Chronic, Consumption.

The former is a most fatal disease, the patient wasting rapidly and dying, as a rule, within three months of the commencement of the illness. One form of this acute disease has been already, to some extent, described as a sequence of Pneumonia—being known by the popular title of “Galloping Consumption”—and being caused by the breaking down of the lung tissue into cavities or abscesses; instead of the solidified organ clearing up after the inflammation has subsided. In these cases, the patient has generally suffered previously from constitutional disease, which has sapped his physical strength and destroyed the recuperative powers of the tissues. There is, therefore, as a rule, but little to be done except to alleviate, as far as possible, his symptoms as they occur. As these symptoms include the violent cough, the profuse night-sweats, the foetid expectoration, the loss of appetite, flesh, and strength, the attacks of fever, and the digestive troubles which are common to phthisical cases generally, the nursing which is required may be described hereafter.

The other form of acute Phthisis which it is necessary to mention is that which is due to tuberculosis. The lung becomes studded with minute deposits known as “tubercle” and round each of these a small zone of inflammation occurs, so that practically both lungs become affected with a multitude of tiny patches of Pneumonia. The fever which is, in consequence, caused, has its usual effect in deteriorating the bodily strength of the patient; and the irri-

tation of the lungs causes more or less constant cough and consequent exhaustion. These cases, as a rule, rapidly progress from bad to worse; the small tubercular deposits soften down and form abscesses which riddle the lung, and by the union with one another form larger cavities which open sooner or later into the bronchi or air-cells.

In either case, it is usual for one of the most definite signs of Consumption to follow, in the shape of *Haemoptysis*—that is to say the coughing up of considerable quantities of blood. It will be well, therefore, to describe the cause and consequences of this symptom in the present place. It will be remembered that the capillaries of the lung circulation pass round the thin walls of the air-cells so as to permit the free exchange of carbonic acid and oxygen between the air and the blood. It can, therefore, be easily understood that the formation of a cavity in the lung tissue may, sooner or later, cause the bursting of one of its blood vessels—the blood from which will flow into the cavity and from thence into the air cells or bronchi with which the cavity communicates, from which, if the patient has a violent fit of coughing, the blood will be expelled and be expectorated. There are certain practical points which must, therefore, be impressed upon the nurse. She must see, with her mind's eye, the blood flowing from the broken vessel into the cavity in the lung, and she will then realize the only measures by which the flow can be speedily stopped.

It is not too much to say that the immediate life or death of the patient, at such a moment, often depends upon the discretion, tact, and knowledge of his nurse. Most patients when they find blood pouring from their mouths become violently alarmed. There are very few who are not rendered extremely nervous by the occurrence. Many patients, therefore, partly from their mental condition, partly also from the actual loss of blood, become very agitated and restless; they wish to get up and walk about the room or go to the window to “get more air.” They often strain violently, and cough quite unnecessarily, in the hope of thus getting rid of the blood which alarms them. But the nurse will realise that the slightest movement is dangerous, and must tend to increase the flow of blood from the broken vessel; that any mental agitation, or any bodily exertion, excites the heart's action, and the pressure on the broken blood vessel is therefore increased.

(To be continued.)

[previous page](#)

[next page](#)