

be warmly covered up in a shawl or blanket, and the feet and legs immersed in the bath, if possible up to the knees, and there retained until the skin is thoroughly reddened and tingling. Then a drink of hot milk or wine and water is often given, and the patient put back to bed with an extra blanket or covering over him. By this means, you will understand that, first of all, a considerable amount of blood is drawn away from the affected mucous membrane, and by the internal hot drink, as well as by the external application, the free action of the skin is encouraged. In consequence, the patient generally, in a few minutes, breaks out into a profuse perspiration, and then an essential part of the Nursing consists of preventing him from receiving any chill. Because this, by contracting the vessels of the skin, would throw back again upon the internal organs the blood which we have been attempting to draw to the surface of the body, and would therefore increase the congestion of the mucous membrane, which it is the very object of the treatment to relieve. For this reason, the patient should wear a woollen or flannel nightgown, which will not become cold and clammy, however profusely he may perspire; and a screen around the bed of a patient suffering from bronchitis is a useful precaution, because it will keep from him the inevitable draughts when the door is opened. At the same time, medicines will probably be given which encourage perspiration from the skin, and also from the mucous membranes of the bronchi, so that the latter, instead of being dry and red, become paler and moist; and, coincidentally with this, the expectoration of phlegm becomes more loose and easy.

The temperature of the room should be maintained at an even degree; as to the precise height of which the Nurse should always ask for instructions from the doctor in attendance. In the earlier stages of the complaint, and while the mucous membrane and the skin are hot and dry, steam is very often ordered so as to soothe the inflamed air passages. Once more, then, the usefulness of the steam tent becomes apparent, and, as it was recently said, this is best secured by screens placed around the patient's bed, and covered with blankets or other warm thick coverings. Then the bed is drawn up fairly close to the fire, upon which a kettle with a large long spout is kept boiling, so that the steam which it throws off can pass directly into the tent. Once, however, that the skin and mucous membrane have commenced to act, the usefulness of simple steam is lessened, and therefore it is not, as a rule, employed after the first stage of the illness. In its place, however, and especially in cases of chronic bronchitis, many practitioners direct the vapours of various

drugs, such for example as benzoin, turpentine, pine oil, or creasote to be inhaled. And these can all be easily given by means of the steam kettle.

The following are the proportions in which these vapours are usually employed:—

One fluid drachm of simple tincture of benzoin to half a pint of hot water.

Two fluid drachms of creasote with 30 grains of light carbonate of magnesia are dissolved in one ounce of water; and one fluid drachm of this mixture is used to the half pint of hot water.

One fluid drachm of oil of turpentine to half a pint of hot water.

Forty minims of oil of Scotch pine with 20 grains of light carbonate of magnesia are dissolved in one ounce of water; and one fluid drachm of this mixture is used to the half pint of hot water.

The necessity of feeding the patient carefully is greatest, of course, when the patient is either very old or very young; but in some cases of chronic bronchitis, with emphysema, the dietary is often a matter of the greatest importance. These patients often suffer from a winter cough each year; the phlegm is tough and tenacious; their air-cells are dilated and the air tubes thickened, and the expulsion of the phlegm is therefore often very difficult. In consequence of the thickening of the lung tissue, the blood-vessels are more or less obstructed; consequently the right ventricle finds more difficulty than usual in pumping the blood through the pulmonary circulation; and so, very often, dilatation of the right heart occurs. Then the blood cannot pass, as easily as it should, from the right auricle, and so there is some obstruction to its progress from the large veins into that cavity. In these patients, therefore, we often find a most characteristic appearance; the veins of the face and hands seem over-full; there is a dusky bluish look about the face and lips; the conjunctivæ of the eyes are reddened and more or less watery; the nails are often blue, the hands and feet cold, and a clammy perspiration damps the skin. The veins and the mucous membrane of the stomach and intestines being also, therefore, much congested, the patient usually suffers from marked indigestion, and from flatulent distension of the abdomen. So a most important practical point to remember is that these patients must never be allowed to suffer from constipation, because if this happens, the congestion of the vessels and the distension of the abdomen will increase, with consequent upward pressure upon the chest and lungs, which will further embarrass the breathing, and thus add both to the discomfort and the danger of the patient.

(To be continued.)

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