

**Lectures on Elementary Physiology
in relation to Medical Nursing.**

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LECTURE II.—THE LUNGS AND THROAT.

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THE next point is to improve the appetite of the patient, and this may be done partly by medicine, but chiefly will depend upon the tact and care which the Nurse displays in the preparation of his diet, and her success in persuading him to take nourishment which oftentimes is most distasteful. Still, it is of the first importance in the care of a case of Phthisis, as in all other exhausting diseases, that food and probably some stimulant should be freely administered, and at regular intervals. When the patient suffers from the distressing night sweats, nothing affords so much comfort as sponging the body, the last thing at night, with a weak solution of vinegar and rose water. To check these perspirations, pills of atropine are often given, with, in many instances, the most beneficial effect. In giving this drug, Nurses should remember that some patients show a marked *idiosyncrasy*—or peculiar temperament—in relation to the effects which it produces. They may develop a rose-coloured and very irritating rash upon the skin, or they may suffer from extreme dryness of the throat and mouth, or the pupils may become dilated to an unusual extent. Nurses, therefore, should always watch very carefully, and accurately note and report, the results which appear to be caused by the administration of any form of belladonna.

In the application of blisters or stimulating liniments, like that of iodine, to the chest, in order to obtain a counter-irritant action, the Nurse should remember that it is essential to thoroughly cleanse the skin before the application is made; and it is well, therefore, to wash the surface with soap and water and a soft nail-brush, and then dry it carefully before painting it with the prescribed vesicant. Some patients' skins, also, are much more tender than others' and it is well, therefore, to put on, at first, only one coat of the liniment or blistering fluid. In some patients, this will be sufficient to raise a red inflammatory ring around the margin of the application, and to produce a thick, deep blister, whereas, in others, it may barely cause a reddening of the surface. When blisters are ordered, it is well to obtain definite instructions as to their size, because the best results are obtained

when these applications are small and frequently repeated. If a large blister be applied, say, to the upper part of the front chest wall, it may leave a surface so tender that another application cannot be made at that particular spot. As a general rule, as soon as the blister has thoroughly risen, it should be opened with a couple of small cuts from a pair of scissors at its lowest edge, and then dressed according to the directions of the doctor. If it is desired, for example, to keep an open surface, some stimulating ointment will be ordered, while, if it is thought well that the blister should heal, some mild application, such as zinc ointment, will probably be prescribed.

The simplest method of dressing such a blister is by spreading the ointment on a piece of lint, just large enough to cover the affected surface, and retaining this in position by means of two long thin strips of strapping, placed cross-wise over the dressing and the surrounding skin. When stimulating liniments are ordered to be rubbed in, the Nurse should be careful that the skin is thoroughly cleansed, each time, before the application is made, as sometimes the neglect of this precaution causes the formation of little *vesicles*, or even *pustules*—that is to say, little blisters filled with water, or with pus—on the surface which has been rubbed. When this occurs, a piece of lint soaked in olive oil affords the quickest measure of relief. For the irritation of the throat, from which all patients who cough a great deal, sooner or later suffer, and which often disturbs their rest and sleep, a homely remedy is often very useful, in the shape of a teaspoonful of vinegar and a teaspoonful of glycerine, slowly swallowed; or a gargle can easily be made of two teaspoonfuls of lemon-juice, one teaspoonful of glycerine, and a wineglassful of water, which often relieves the irritation.

A great difficulty which Nurses find in the care of consumptive patients is to persuade them to take nourishment containing some form of fat, and especially is this the case with the administration of cod-liver oil. In giving this to young people the great object is to disguise the taste, because, as a general rule, if they can swallow it, they can digest it. It is, therefore, useful to treat it in one of two methods, either to mix it with gelatine or calves' foot jelly, or isinglass, and so make it into a jelly, or better still, to give it in the following manner:—A wine glass is half filled with milk, and the dose of cod-liver oil is poured directly into the centre of the milk, so that the oil does not touch the sides of the glass. The patient should then be persuaded to toss off the contents of the glass, rapidly swallowing them, and in the majority of instances, if that be done, he will not taste the

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