

patient ceases to be able to lift any heavy weight, or even to hold steadily any object, however small or light. Then his speech becomes thick and slow, and the words are not properly articulated, so that it is often most difficult to understand their meaning. The memory becomes defective; and, curiously enough, in these cases, it is generally the events which have recently happened which are forgotten, while, very often, the remembrance of those which occurred in early life becomes more vivid and accurate than before. The patient will ask the same question again and again, and forget at once that he has received any answer to it. He usually becomes depressed and melancholy, often sitting for hours listless and apathetic, taking no interest in anything around him. Or, on the other hand, he may become irritable, suspicious of everybody, and subject to occasional and very violent fits of temper. In the latter form, it is very common for an attack of apoplexy to occur; in the former condition, the patient usually becomes weaker and weaker in mind and body, and finally dies more or less suddenly from a rupture of one of the larger vessels in the softened brain.

In the Nursing of these patients it must always be remembered that they are suffering from a disease which is more or less progressive, but which can be greatly accelerated and made much worse by want of care, or want of thought. Nourishment and stimulants should be given with absolute regularity, according to the diet prescribed by the doctor; the exercise, ordered, should be rigidly adhered to; and, above all things, the patient should be guarded from all mental worry and excitement. It is an important practical fact that these patients are always better when they sleep well and their condition is made materially worse by sleeplessness. The nurse should, therefore, remember that as a general rule all patients suffering from brain disturbances sleep much better if their head and shoulders are well raised by pillows—the weakened organ being thereby as much as possible, depleted of blood.

When such patients wake in the night they should have some light nourishment given to them, at once; and, in the majority of cases, this will cause them to go to sleep again; otherwise, they may lie awake for hours and their condition may be very materially worse for hours, or even for days, afterwards.

(To be continued.)

Medical Matters.

BRONCHO-PNEUMONIA.



WE have been asked, by one of our readers, to explain the differences between Broncho-pneumonia, Bronchitis, and Pneumonia. Bronchitis may be briefly defined to be inflammation of the mucous membrane of the air-tubes, or bronchi, of the lung. In the great majority of instances, this inflammation is confined to the larger tubes, and does not invade the smaller branches. The mucous membrane of the affected tubes becomes unnaturally red and swollen from distention of its blood-vessels. For a few hours, the surface is dry, but then exudes an excessive amount of secretion—first clear, frothy, mucus, and afterwards thick, yellow, and purulent. If there be any ulceration of the mucous membrane, the phlegm may be streaked with blood. As the secretion becomes more loose, it usually diminishes in amount; and then recovery ensues. Broncho-pneumonia is the term usually applied to those cases in which the inflammation of the bronchial tubes spreads into some of the air-cells and sets up inflammation in the cells and in the spaces between them, thus rendering *small* portions of the lung tissue solid—a fact which has caused the term “lobular” or “disseminated pneumonia” to be given to the disease. It has also been called “catarrhal pneumonia,” because it usually follows an ordinary attack of catarrh. The distinction is practically important, because Broncho-pneumonia is a condition occurring in the course of some other illness, and often causing no fresh symptoms. For example, a patient suffering from acute bronchitis, and who has previously been greatly out of health, might very probably develop more or less Broncho-pneumonia, without any considerable rise of temperature, and without appearing to be materially worse. The practical fact to be remembered, therefore, is that Broncho-pneumonia almost invariably occurs in persons already enfeebled by disease, and may be regarded as a direct evidence and consequence of such enfeeblement. The treatment, therefore, in such cases is almost invariably of a stimu-

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