

## Lectures on the Nursing of Lung Diseases.

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### CHAPTER I.

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LET us take, for example, an attack of scarlet fever or of diphtheria. The first sign of infection is shown by the tonsil in each case, and it is even possible to theorise that if the patient were seen and treated at once the progress of the disease in either case might be cut short. With both of these diseases, the first symptom consists of more or less inflammation of the tonsils due to the specific action of the respective germs. In diphtheria, the preliminary congestion is followed rapidly by the occurrence of a growth which spreads over the tonsils and the contiguous parts, and which probably is of a fungoid nature. In the case of Scarlet fever, the vivid red appearance of the throat on the first day of the illness only precedes, by a few hours, the same appearance on the outer skin. In both cases, there is good reason to believe that the manifestation of disease upon the tonsils, is due to the peculiar susceptibility of these glands to air-conveyed germs; and that they are, therefore, the points of entrance of these respective poisons into the system generally. In both instances, the glands of the neck become rapidly swollen and painful, proving that the poison is being conveyed from the throat along the lymphatic canals into the blood. Without going into the matter further, sufficient has been said to show the importance of the tonsils in disease, and the necessity which always exists for the nurse to watch their condition from time to time whenever the lungs are affected, and to report this accurately to the doctor. For, passing from theory to practice, the point on which stress is strongly laid is that the tonsils give immediate evidence of the presence of poisonous air, and thus fulfil a most useful function.

It is amongst persons who are specially liable to diseases of the Lung that affections of the tonsils are most frequently found. For example, in children of what is termed a "strumous" constitution, or those who have an hereditary tendency to Consumption, swelling of the tonsil of a more or less chronic character is very common. Sometimes, the swelling

is only temporary, and, caused by exposure to wet or cold, rapidly yields to appropriate treatment. Sometimes, again, the attack is one of acute inflammation of one or both glands, a condition to which the term of *Tonsilitis* is given.

This occurs most frequently in delicate children, or young adults, and is usually associated with exposure to cold or damp. One or both tonsils become swollen, and more or less deeply congested: sometimes the swelling is so great that the tonsils almost meet in the middle line, and thus nearly close the throat, rendering it almost impossible for the patient to swallow, and causing more or less serious obstruction to the breathing. As a general rule, when the condition is so severe, the inflammation of the glands passes on to the formation of an abscess which either must be opened by the surgeon, or perhaps bursts spontaneously. In either case, with the escape of the pus, the swelling rapidly subsides and the patient soon recovers.

In many instances, the swelling is subdued by active treatment, amongst which may be mentioned the application of compresses to the throat, and inhalations of steam, either simple or containing some medicated vapour which usually is of an antiseptic nature. The best method of application of the former, is to fold a handkerchief so that it will cover the front of the throat, under the chin and up to the lobe of the ear, to dip this in cold water, wringing it out and applying it to the throat in the position indicated, covering it with a piece of protective or, if available, a piece of gutta percha tissue, so as to retain the heat and moisture. The application in a few minutes becomes quite hot, and draws a certain amount of blood from the inflamed tissues to the surface of the skin, thus relieving the tension and swelling.

There are, however, cases in which the swelling is so extreme and rapid, that the patient appears to be in serious danger of choking, and surgical relief is urgently needed. Those cases do not come within the purview of these Lectures, because the treatment is thereafter almost entirely surgical. Nor, for the same reason, need we say much concerning the chronic form of *Tonsilitis* in which the glands become permanently enlarged, because, sooner or later, by their constant obstruction to the breathing, they require removal by operative means.

(To be continued).

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