

Lectures on the Nursing of Lung Diseases.

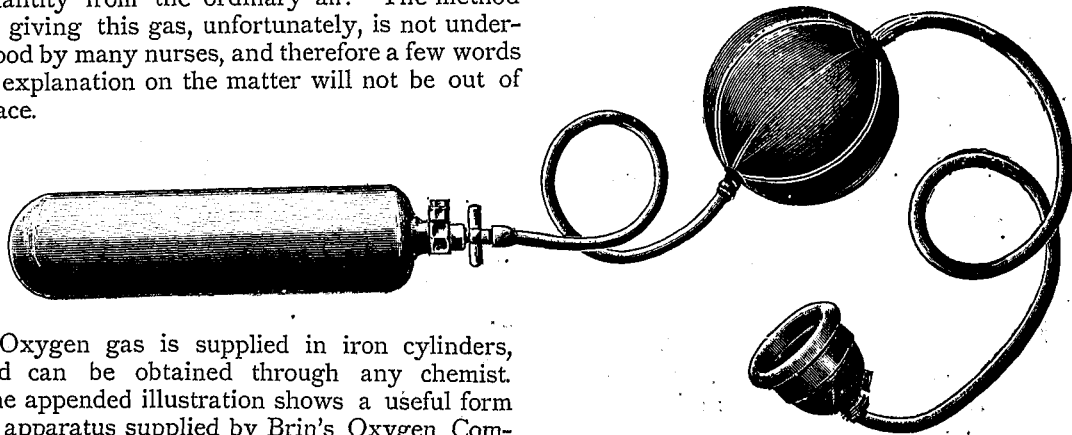
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CHAPTER I.

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It is, therefore, all important that the air which does enter the chest shall be as pure as possible; and nowadays in these cases, as in all others in which the breathing powers are embarrassed, science has stepped in to assist nature by giving inhalations of pure Oxygen. It will be remembered that the air we breathe consists of one part of oxygen to four parts of nitrogen; and, consequently, it is obviously of immense assistance to the lungs to lessen their work by four-fifths by giving them pure oxygen gas, instead of leaving them to remove one-fifth of the quantity from the ordinary air. The method of giving this gas, unfortunately, is not understood by many nurses, and therefore a few words of explanation on the matter will not be out of place.



Oxygen gas is supplied in iron cylinders, and can be obtained through any chemist. The appended illustration shows a useful form of apparatus supplied by Brin's Oxygen Compounds Company.

The method of administration is very simple; the screw is turned which permits the gas to escape from the cylinder and to distend the bag receiver, and from which it passes into a mouth-piece; the ordinary form of which resembles that used in the administration of anæsthetics. The mouthpiece being adjusted, and the screw turned, the patient is directed to draw a deep breath, so as to fill the lungs with the gas; then, removing the mouthpiece to breathe out equally deeply, so as to clear the lungs of carbonic acid, and then to breathe in the gas again. After the requisite number of inhalations the nurse turns the valve to prevent the escape of gas while the apparatus is not being used. This is the best, most effective, and most economical method of administering inhalations of oxygen, because it prevents

waste and the patient obtains the whole benefit of every cubic inch. Sometimes, however, it is employed when the patient is too exhausted to be able to make any effort in the matter himself. In such cases, a tube is usually supplied which can be passed into one nostril, and the nurse, watching the patient's breathing, allows a current of gas to enter the throat just as he draws a breath, and stops the current again when he is emptying the lungs during expiration. Of course, in this latter method, the oxygen passing down the nares is mixed to a greater or less extent with ordinary air, breathed through the mouth, and so the full effect of the inhalations is not obtained; but it is sometimes the only practicable method, despite this drawback.

The best rule for the administration of Oxygen is to judge of the effect by the patient's colour; and an experienced nurse is soon able to estimate accurately, when, and for how long, the gas shall be administered. The effect upon the colour of the patient's face can be under-

stood by remembering the fact that the blood which is not properly oxygenated is venous and dark in colour, and so patients who are suffering from want of oxygen exhibit a more or less bluish tint of the face, lips, and extremities, a tint which rapidly disappears, and is replaced by the pink appearance of health, when oxygen is once more circulating freely in the blood.

In these cases of Croup, for instance, the effect of a few whiffs of oxygen is often most remarkable. A child who perhaps has been for hours panting for breath, with livid face and blue lips, will, after half-a-dozen deep inspirations of oxygen begin to breathe quietly and perhaps will then fall gently asleep, while the face becomes of a natural hue and the lips recover their healthy colour.

(To be continued.)

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