Lectures on the Nursing of Lung Diseases.

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CHAPTER I.

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THE characteristic of true Croup is the formation of a greyish white membrane on the surface of the larynx and trachea, which easily peels off and leaves a raw red surface. It is due to the exudation of lymph from the surface of the mucous membrane, which, instead of being easily expelled, coagulates quickly and coats the affected surface. The usual story of a case is that after a day or two of slight cough and feverishness, the child suddenly wakes up in the night with difficulty in breathing, and a harsh metallic cough with a crowing sound, the latter being caused by the breathing in of air over the roughened surface of the throat. For the same reason, the voice becomes hoarse and indistinct. The breathing usually becomes more and more rapid, as the difficulty of drawing in the breath through the swollen windpipe becomes more marked, and, with this dyspnœa, the pulse becomes quick, and the fever increases. The disease is practically confined to childhood; being very rarely found after fourteen years of age. In children who are subject to the complaint, the greatest care in the avoidance of cold and damp is necessary; and whenever they develop even a slight cough it is usually directed that the surface of the chest, back and front, should be well rubbed with some stimulating liniment, or a mustard leaf applied over the front of the throat; the object being, by the friction and counter-irritation, to draw the blood to the surface of the skin from the deeper tissues, and thus to relieve the congestion which is the starting point of the croupous inflammation. Such remedies, at any rate, often prevent an attack, and can never do any harm. At the same time, if the skin can be made to act freely by means of a hot bath, hot drinks, and extra blankets on the child's bed, the catarrh of the windpipe will be greatly relieved.

Once the distinct croupy cough shows itself, too much care cannot be taken, because, as it was previously pointed out, the condition may at any moment become dangerous to life. The nurse, therefore, must keep the patient at rest in bed, so as to relieve the lungs as much as possible from any extra work caused by exertion. She must keep the air of the room at an even temperature and perfectly pure, especially avoiding, by means of screens if necessary, draughts, or any possibility of the child becoming chilled.

The feeding in these cases is always a great difficulty, because the tenderness of the throat makes the child averse to swallowing; and, therefore, all nourishment must be not only appetising, but also as soft as possible; the character of the diet, of course, will be directed by the doctor according to the particular necessities of the case. When the swelling of the throat is very great, especially in young children, it may be necessary to feed the child regularly by artificial means, and as this course is needed also in many other cases of throat complaints, both amongst children and adults, it will not be out of place to describe very briefly a simple method of carrying it out. An ordinary No. 12 soft india-rubber catheter is taken; the child is then laid back, its head being raised on the pillow. The nurse should first take a rough measurement by placing the end of the catheter at the top of the child's sternum between the collar bones, this denoting the point in the œsophagus, which the catheter ought to reach when being used, then laying the length of the catheter along the child's neck and over its face from the ear up to the nostril, the nurse is able to accurately measure how far the catheter must be passed downwards before its end will reach the necessary point in the gullet; and she should mark this spot with a piece of pencil on the catheter. The instrument is then once more rinsed in boiled water, and smeared with vaseline. Then the child's head being held firmly on the pillow, and its shoulders and arms being held to prevent their movements, the end of the catheter is gently introduced into one nostril and pushed gently onwards—extreme gentleness being used of course, so as not to alarm or injure the child. The end of the catheter will curve over the nares and down the posterior wall of the pharynx into the œsophagus until the point marked upon it by the nurse reaches the opening in the nostril, when she will know that it has passed the requisite distance. If by any accident the catheter should slip into the larynx it will set a violent spasmodic cough, and must immediately be drawn back; then, in a minute or two, a fresh attempt must be made and probably with greater success.

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