

Lectures on the Nursing of Lung Diseases.

By BEDFORD FENWICK, M.D.,
Late Senior Assistant Physician to the City of London
Hospital for Diseases of the Chest.

CHAPTER II.

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PASSING from principles to details, there are two matters upon which special stress must be laid with regard to patients suffering from capillary bronchitis. The bronchial tubes being more or less clogged with mucus, the patient's breathing is more or less embarrassed, and the difficulty of expectoration is often considerable. The nurse therefore may be directed to administer inhalations of Oxygen gas, the usefulness of which, under the circumstance of the obstruction to the passage of air into the air-cells, can be understood from what has been already said; and the administration of which has recently been explained. With regard to the expectoration, it must be remembered that the bronchi are in a condition of more or less irritation and that the phlegm in their tubes is usually more or less viscous and difficult to expel.

The medicines which will be prescribed for the relief of this condition will probably be designed not only to maintain the patient's strength, but also to loosen the phlegm and so assist in its expulsion. It is therefore usually beneficial to render the bronchial tubes as moist as possible, and for this purpose nothing is more advantageous than the inspiration of warm moist air. Some practitioners therefore direct that a large kettle, with a special long tube fixed to the spout, and nearly full of water, should be constantly kept boiling on the fire; so that its steam may be directed into the patient's room, and may thus moisten the air which the patient breathes. Others direct the patient to inhale vapour direct from boiling water. For the latter purpose, various forms of inhalers can be purchased; but if none of these are available, one can for all practical purposes be improvised by filling an ordinary jug with boiling water, and folding a newspaper into a cone-shaped funnel, the larger end of which is placed over the top of the jug, whilst the patient applies his mouth to the smaller end of the cone.

In the shape of inhalations, many medicines such, for example, as Friar's Balsam, and Stramonium, are now given with the greatest advantage. By inhaling such medicated

vapours, the patient gains a double advantage; his bronchial tubes being rendered more moist and the phlegm being rendered more soluble and therefore more easily expelled. A substance which is comparatively little used, is often of the greatest advantage in this matter. When mucus is boiled with a solution of soda or potash it is quickly dissolved; and so the addition to the hot water inhalations of a tablespoonful of bicarbonate of soda or of liquor potassæ forms an alkaline vapour which often affords these patients most marked and rapid relief. It must always be remembered that patients after using these inhalations are especially prone to chills and that by the latter the congestion of the mucous membrane would be increased and their previous trouble intensified. It is, therefore, most important to prevent any draught of cold air coming from the window or the door upon a patient who has been undergoing this treatment.

Another plan very closely connected with the preceding method, is that effected by means of a respirator. In some instances, these are designed in order to prevent the patient breathing injuriously irritating substances; but they can also be employed in order to impregnate the air with various powerful drugs. The mouthpiece of the respirator being made larger and deeper than usual, is lined with a layer of lint soaked, for example, in dilute Thymol, or carbolic acid, or some other powerful antiseptic or stimulating solution, which the patient thus inhales with each breath drawn through the respirator, and in many cases with great relief to his symptoms. The nurse should remember that the lint must never be so thickly folded that the patient cannot breathe easily through it.

Another practical point to be remembered is that most patients suffering from capillary bronchitis breathe much more easily, sleep much better, and are able to expectorate more freely, if they are well propped up in bed, than they are able to do if they are allowed to lie lower, upon their backs; and there is actually less danger in the former position, although the latter is one that the patient, if very weak, most naturally tends to adopt. The general feebleness of the heart's action, and a long-continued recumbent posture together, causes what is known as hypostatic congestion of the lungs—the base and posterior parts of the organs becoming overloaded with blood, and consequently more or less gravely embarrassed in their action.

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