

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 IV.

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UNFORTUNATELY, however, in most cases of Pneumonia, the progress of the disease takes a very different course. In general terms it may be said, not only that the occurrence of the inflammation is more frequent amongst those who are enfeebled in health, but also that the amount of tissue which is involved is greater in the latter case. So such patients often fall at once into a typhoid-like condition; the inflammation spreads from lobe to lobe of the lung first affected, or goes on to involve the opposite organ. The patient becomes dull, and then more or less unconscious, with low muttering delirium. The skin is generally harsh and dry, and the pulse very quick and feeble, while the temperature may not be very high. The crisis in these cases may be prolonged into the third week if the patient lives so long; but death frequently occurs before the end of the first week.

Then again, even when the patient so far recovers that the local inflammation subsides, the lung condition does not become satisfactory. The more or less congested condition of the affected lobes remains, and in many cases the solidified tissue breaks down into pus, and small abscesses are formed. The healing powers of Nature may so far prevail that the little abscesses open into the air cells, then the pus may be expectorated and the abscess cavity may shrivel up; and finally, after a lengthy convalescence, the patient may quite recover. But on the other hand, too frequently these little abscesses coalesce and join together, and form larger collections of pus, which, when they rupture into the bronchi or air-cells, leave a discharging cavity which does not close or heal up, but which continues to secrete pus, and so to drain the patient's strength, as the continued secretion of this material in any part of the body always does. With the gradual weakening of the bodily power, the patient suffers from increasing violence of the cough which disturbs his rest and sleep; and from more or less profuse sweatings which still further exhaust

his strength. Then the appetite fails; the nervous system loses its power over digestion and nutrition; and the patient more or less rapidly sinks into a condition which was formerly described as "galloping Consumption"—dying in a few weeks from sheer exhaustion.

Nowadays, these cases are less frequent than they used to be. Partly because improved methods of diagnosis have revealed the existence of abscesses in the lung at an earlier and more remediable stage; and partly because improved methods of treatment have checked or modified the course of the complaint. But, too frequently, the enfeebled constitution, which permitted the original disease to progress so far, hinders the recuperative processes. Amongst the signs which indicate the presence of this sequel of Pneumonia, and which, therefore, require to be most carefully reported, are the evening rise and morning fall of the temperature, which are so characteristic of the formation of Pus in the body; the expectoration of yellow, viscid, phlegm; the occurrence, at first occasionally, and afterwards persistently, of an offensive odour in the breath, which, when an abscess cavity is finally formed, is most marked, and becomes almost intolerable when the breaking down of the lung tissue is at all considerable.

At the beginning of these cases, there is often noticed a peculiar sweet odour in the breath of these patients, which is indescribable, but which once smelt can never be forgotten; and which should be immediately reported to the doctor. The occurrence of a shivering attack, which frequently is coincident with the formation of an abscess in the lung, is another matter which should be carefully noted and reported. But sufficient has, perhaps, been already said to impress upon nurses the extreme care which is requisite in attending upon these patients, and the great fact that they can never be considered to be convalescent from their attack until the breathing, the pulse, the temperature, and the appetite, have all become normal again. Until then, these patients are continually in danger of a relapse, and that relapse would probably be much more serious than the original attack; because a recurrent inflammation in the already weakened tissue would be almost certainly followed either by extensive abscesses or by the occurrence of a condition of gangrene in the affected part of the lung, a condition which is almost invariably and rapidly fatal.

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