

Lectures on the Nursing of Lung Diseases.

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CHAPTER IV.

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SUCH, then, being the brief histories of these different cases of Pneumonia, we now come to consider the methods employed in nursing such patients. For one, suffering from ordinary uncomplicated inflammation such as was first described, the details are fairly simple. The patient must, of course, be confined to bed; the air of the room must be kept as pure and fresh as possible, because the unembarrassed portion of the patient's lungs requires proportionately more oxygen in order to perform its work efficiently. How essential this is, can perhaps be understood from a theoretical point of view; and as a matter of fact, if a considerable part of the lung be disabled, the patient might be actually suffocated by his room becoming filled with fog or even with smoke from the chimney. The nurse, therefore, should make it her business to see, for example, that the chimney is fairly clean, or, at any rate, free from a tendency to smoke; and she should maintain such a free draught at the fire-place that the room shall be constantly and well ventilated.

It is generally agreed, at the present day, that, so long as there is an abundant supply of fresh air, it is not so essential that the room should be warm as it is in cases, for example, of chronic bronchitis. There are two reasons for this, which are of some importance. In the first place, air which has been warmed by a fire, or by gas, is thereby more or less deprived of the very element—oxygen—which is the essential need of the embarrassed lung. In the next place, the greater the warmth of the room, the more will the bodily temperature of the patient be maintained at an elevated degree. In the modern treatment of Pneumonia it is considered advisable to lower the fever as soon as possible. As a general rule, the higher the temperature of the patient, the more marked is the tendency of the inflammation to extend, and the sooner does the heart show signs of failure, the greater is the brain and nerve disturbance, and therefore the more grave does the patient's danger become.

At the present day, therefore, medical treatment is first directed towards reducing the patient's temperature. Probably, the best method of doing this, is by a direct reduction of the bodily heat, by some such method as the following. Over the patient is placed an ordinary iron cradle. Slung from the upper bars of the cradle, are four, or six, or even more, little troughs or cans, filled with ice. The outside of the cans is covered with flannel so as to prevent the deposition of moisture on the external surface of the metal and its consequent dripping upon the patient. Or a curtain of waterproof is stretched across the cradle under the cans so as to catch any water which drops from them. In either way the patient is kept dry. Over the cradle, and tucked under the patient's shoulders and round his neck, a blanket is placed but this is not tucked in at the bottom of the bed, so that air can enter and pass round the patient's body. The ice-cold air of course withdraws heat from the patient and thus causes a rapid reduction in his temperature. In fact, the loss of heat is generally greater than when the old-fashioned method of giving a cold bath was carried out; and it is evident that this treatment can be pursued without any labour on the part of the nurse, and without the slightest disturbance of, or exertion by, the patient; the latter fact being, of course, all important if he is very ill.

The nurse must, however, remember that the success of the treatment depends upon two things. The cans must be kept full of ice—a matter which requires frequent attention, because the warmth thrown off from the patient's body causes the ice to melt rapidly. In the next place, she must frequently take the patient's temperature, so that the effect, and the consequent depression, shall not be too great. The doctor will doubtless give minute directions as to the temperature at which the ice cans are to be removed, and as to the frequency with which the treatment is to be repeated. A further practical point is that the nurse should carefully watch the condition of the patient's hands and feet. Very often these soon become cold, and as this implies more or less failure in the circulation, the doctor will generally direct that, as soon as this happens, a hot-water bottle should be placed at the patient's feet, and that some stimulant should be given by the mouth.

(To be continued.)

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