

Lectures on the Nursing of Lung Diseases.

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CHAPTER V.

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NATURE shows us what should be done in any case of hæmorrhage when the loss of blood is at all severe; the patient faints, and thus Nature is enabled by the absolute rest of mind and body to quiet the circulation and permit the blood to clot at the point of exit. So the hæmorrhage is checked and ceases. In these cases, therefore, the first necessity is absolute rest. The patient must be persuaded to lie down flat in bed with only one pillow under his head. He should be told that the blood is only an effort of Nature to relieve the overloaded vessels of the lung, and that, if he had lived seventy years ago, doctors would have bled him for his disease from his arm, as Nature is now bleeding him directly from the Lung. He may, in the great majority of cases, be told with perfect truth that there is little or no immediate danger, if he lies quite quiet. He should be advised also to restrain his cough as much as possible; and presuming that the doctor has given the nurse the necessary directions in anticipation of the hæmorrhage, she should as placidly as possible proceed either to place ice upon the chest or to inject ergotine under the skin—in either case as near as possible to the cavity in the lung, according as the doctor may have given her directions. But if the hæmoptysis occurs unexpectedly, the nurse can do no harm—while waiting for the doctor to come—by placing a piece of wet lint soaked in brandy or some other spirit round the patient's throat, and, if ice is obtainable, permitting the patient to suck small pieces of this very slowly, breathing, meanwhile, entirely through the mouth. By this means, ice-cold air is brought into the lung, and aids in checking the flow of blood. If the nurse is aware of the site of the cavity in the lung, she can do no harm, and may do some good, by applying a small ice-bag over that part of the chest, until the doctor's arrival enables her to receive adequate instructions. The one thing she must prevent is the attempt which friends always make, upon such occasions, to administer stimulants to the patient;

because, by exciting the action of the heart, these would maintain or increase the loss of blood, and so increase the patient's danger.

There is another practical point in connection with this, and all other cases of bleeding, which is very rarely impressed upon nurses. Bleeding causes, of course, a lessening of the amount of fluid in the blood vessels; and to make up for this, the vessels exercise the power they possess of sucking up from all the tissues of the body through which they pass, the moisture which it contains, so as to replete the loss they have sustained. After hæmorrhage, therefore, patients always experience a sensation of more or less thirst, though this is, in a degree, much modified by other conditions. For example, it is a well-known fact that gun-shot wounds generally cause an extreme degree of thirst. If it is not supplied with fluid, the blood will become more thickened, and will therefore more readily clot than if its fluidity is maintained by constant supplies of water. The nurse, therefore, unless she has distinct instructions to the contrary, should not yield to the patient's wish for fluids. By giving him thin slices of lemon to suck, the sensation of thirst can to some extent be alleviated, and the flow of blood, from the broken blood-vessel into the cavity of the lung—or indeed in all other cases of hæmorrhage, whether medical or surgical—will more quickly cease.

In the majority of cases, however, the doctor will probably have warned the nurse to expect hæmoptysis, and will have directed her what treatment to carry out as soon as this accident occurs. Injections of ergotine under the skin, as near as possible to the site of the cavity in the lung, are very generally employed; because the effect of this drug is to cause contraction of the blood-vessels, and so to assist in the formation of a clot at the ruptured point, and the rapid cessation of the loss. Some practitioners, again, give turpentine, either in the form of emulsion by the mouth, or in the form of vapour; because its effect as a styptic, in checking the loss of blood, is very great. These two remedies, especially, are mentioned because they require certain precautions on the part of the nurse. The ergotine solution, used, must be quite clear, because the preparation is very apt to deteriorate, and then either to be useless, or to cause the formation of a troublesome abscess at the site of the injection.

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