

Lectures on the Nursing of Lung Diseases.

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CHAPTER V.

(Continued from page 312).

In a lesser degree, the latter accident is liable to happen after the hypodermic injection of other drugs; but, with regard to ergotine there seems to be a special tendency to deterioration and to the formation of a deposit which is extremely irritating to the tissues. *En passant*, it is also noteworthy that the needle of the hypodermic syringe should always be rendered absolutely aseptic, either by passing it through the flame of a candle, or by boiling it in a 20 per cent. solution of carbolic acid, before using it.

With regard to Turpentine, a considerable number of patients show symptoms of bladder or kidney disturbance, after the administration of the drug; and the nurse, therefore, should always watch carefully, and immediately report to the doctor, if patients to whom any preparation of turpentine has been administered, suffer from retention of urine, or extreme pain in micturition, or if the water becomes dark and discoloured. This practical point should always be remembered by nurses, because the value of the drug, in various diseases, is considerable, and it is therefore much more frequently employed than it formerly was.

Returning to the subject of hæmoptysis, the blood may be coughed up in very considerable quantities, and after its expulsion many patients express a sensation of relief, as though the chest was "lighter," and the "breathing more easy." The explanation of this is very simple; the quantity of the blood being lessened by the loss, the circulation through the vessels of the lung is rendered more easy. It is often advisable, seeing the great effect the nervous system exerts on the progress of all diseases, to impress upon the patient this actual advantage of an attack of hæmoptysis in lessening, for the moment, the severity of his symptoms.

As a general rule, under proper treatment, the broken blood-vessel rapidly closes; the blood in the bronchi is expelled, and the attack passes off; the patient always being liable, however, to a recurrence of the bleeding from the rupture of some other vessel in the walls of the same, or in another, cavity of the lung. It

is comparatively rare for a patient to die suddenly, in consequence of such bleeding; but, of course, cases do occur in which so large a vessel is opened up, and the flow of blood is so great, that immediate death ensues. As a general rule, however, it will be comforting to the nurse to remember that, if she can calm the patient's mind, and persuade him to lie absolutely quiet, the chances are that the hæmorrhage will soon cease.

Before leaving this subject, another practical point with regard to the "spitting of blood," may be usefully impressed upon nurses. The sign is so important; it is such strong evidence of disease of the lung which will sooner or later prove fatal; and this fact is so widely known to the laity, that patients are usually rendered very nervous and anxious about themselves if they observe even a tinge of blood in their expectoration. It is, therefore, important for the nurse to remember that this symptom often occurs amongst people who have not the slightest disease of the lungs; and that it may even occur amongst phthisical patients without blood coming from the chest at all. For example, patients whose general health is much deteriorated, often suffer from a spongy condition of the gums, with oozing of blood from their softened edges, and this condition causes the saliva to be deeply tinged with blood, which often causes such patients to imagine—their knowledge of anatomy being usually minute—that the blood is coming from their lungs. If the symptom occurs, the nurse must report it at once to the doctor, but he will often be able to relieve the patient's mind by explaining that the blood is only coming from the edges of the teeth. Then, again, in all cases of chronic cough, the tonsils and fauces become more or less congested with the constant irritation to which they are subjected, and this frequently causes the rupture of small vessels, the blood from which tinges or streaks the expectoration. Once again, the patient may be very much alarmed; but the nurse can relieve his mind by telling him, that if it be less in quantity than a tablespoonful, such bleeding is not in any way serious. Finally, in many patients, either with or without lung disease, a considerable tendency to bleeding of the nose may exist; and if the blood comes from a vessel at the back of the nostril, it will trickle down the throat, and be either expectorated with the phlegm, or perhaps may pass down into the stomach.

(To be continued.)

[previous page](#)

[next page](#)