

Lectures on the Nursing of Lung Diseases.

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CHAPTER V.

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IN painting the fauces, there are certain practical points which nurses should remember. The brush should always be curved, and must of course be kept absolutely clean. The more quickly the application can be made, the less will naturally be the patient's discomfort, and his consequent disinclination to the process. This is most important; because some patients, in consequence of the clumsy method of the application, become so nervous about it, that any attempt to paint the fauces causes violent retching; and even vomiting, and therefore more or less exhaustion. In making the application, it is a good rule to tell the patient to open his mouth and to shut his eyes, as thereby there will be a less tendency to close the mouth when the brush is passed into it. He should be placed opposite a good light, so that the nurse can see exactly what she is doing. If he can sufficiently depress his own tongue, so as to obviate the need of a tongue spatula, it will cause him less discomfort; but if a depressor is needed, it should be warmed in the nurse's hand, and then gently inserted well into the mouth, and the tongue firmly but gently depressed. If this causes the slightest sign of retching, it is better to withdraw the spatula and wait a minute or two; and it is often well in cases of extreme nervousness to ask the patient to hold the tongue depressor in position, himself. With or without this instrument the fauces must be visible. Then the brush being dipped in the solution, so as to be quite wet, should be pressed at the edge of the bottle to remove any superfluous drops; and the nurse, taking it in her right hand by the handle in pen fashion, should direct the patient to say "Ah," which raises the palate and exposes the fauces fully to view. At this moment, the brush should be rapidly introduced into the mouth, and made to pass quickly over first one tonsil and then the other, over the uvula and down the back of the pharynx, and then be withdrawn. If this be quickly done, the brush will be out of the patient's mouth before he realizes that the application is being

made, and this will give him confidence to allow the repetition of the treatment as often as it may be necessary. On the contrary, if the process be rendered lengthy or painful, it will become more and more obnoxious and a most useful method of treatment will perhaps be rendered impossible. It is, therefore, well worth trouble on the part of the nurse to practice this manoeuvre upon herself, in front of a looking glass, so that she shall attain the necessary amount of dexterity for her patient.

In cases where this direct application to the throat is impossible, the same local treatment is sometimes attempted by means of lozenges. It is strange that a word of explanation should be needed about these, because, of course, the object to be attained, is the gradual application to the affected surface of the throat of the constituents of the lozenge. Patients unaware of this, with nurses neglectful or careless of the fact, swallow the lozenge at once, and thus, of course, no local effect is produced on the throat. The nurse, therefore, should always watch that the patient sucks the lozenge quite slowly, so as to allow its ingredients to gradually flow down the throat and thus to be deposited upon the affected surface.

Much the same care is necessary in the use of gargles. The mouth being filled with the fluid, a deep breath should be taken through the nostrils and then, the head thrown back, the patient contracts the muscles of the gullet and holds the breath, the fluid therefore flowing all over the fauces. There is no real need to direct the patient to breathe out through the fluid, because this does not, in the slightest degree, increase the efficiency of the process.

Another common cause of the irritable cough of phthisis is a glazed and dry condition of the mucous membrane of the throat. In these cases, the doctor will probably prescribe frequent inhalations of some vapour so as to keep the parts more moist, and thus alleviate the nerve irritability. Sometimes, also, in these cases, great relief is afforded by external applications designed to effect the same purpose. Compresses on the throat, kept wet with warm water, enable a certain amount of fluid to be absorbed by the skin, and often prove very grateful to the patient. Washing the mouth out with a warm solution of carbolic acid (about 1 in 200) often relieves the throat irritability, while at the same time it cleanses the mouth and so increases the comfort of the patient.

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