

Lectures on the Nursing of Lung Diseases.

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CHAPTER III.

(Continued from page 28).

THE Lungs are coated with a fine membrane called the PLEURA, which plays an important part both in health and disease. After passing around the lungs the pleura divides and is reflected, in the centre line, passing over the inner wall of the chest; the result being that the layer coating the lungs is in contact, when the lungs are expanded, with the layer of the pleura lining the chest. So, when the lung contracts, during expiration, there is a cavity between the two layers. In health the opposed sides of the membrane secrete an oily fluid which enables them to roll over each other easily during the movements of the chest walls.

The chief disease of the Pleura is inflammation, to which the name *Pleurisy* is applied. In general terms, it may be said that this inflammation, to quote the old writers, may be either "dry" or "wet." By the former term, is meant the congestion of the opposed surfaces of the pleuræ with a scanty effusion of serum or flakes of lymph and roughening of the inflamed surface. The latter term was used when the exudation of serum was very considerable, and a definite collection of fluid was formed in the bag of the pleura.

In the former case, the rubbing of the two roughened sides of the pleura against each other causes what is termed a "friction sound," the rough grating sound which is heard when the stethoscope is applied over the area affected by the condition in question. The same condition causes the pain on drawing a deep breath which is so typical of the disease and to which the old-fashioned term of "a stitch in the side" is usually applied, because the onset of pain makes the patient catch his breath. As a general rule, however, under appropriate treatment the pain is quickly subdued, either by Nature or by art; because, in the one case, the pouring out of fluid between the two roughened surfaces prevents them from rubbing upon each other; or, on the other hand, the adhesion of the two inflamed surfaces to each other may

take place and so again the pain of their movement is prevented.

As a general rule, patients suffering from pleurisy have a considerable amount of fever, and more pain than with other diseases of the lungs. The special nursing required for these cases is to keep the patients at complete rest and to carry out carefully the external applications which are ordered, in order to relieve the pain. Of these, the object of the old-fashioned plaster is sufficiently obvious; and in order to obtain its best effects the nurse should remember to apply it in the following manner. The patient is directed to breathe out as deeply as possible, so as to clear the lungs of air on the affected side, and thus, by allowing the lung to shrink, to bring the inflamed surfaces of the pleuræ together. Then, while he holds his breath, the nurse should rapidly and firmly apply the plaster over the area directed to be covered. So, when the patient draws in his breath again, the movement of the chest wall at that particular part is restricted by the compressing effect of the plaster; and thus the inflamed surfaces do not rub so much against each other as they would if an ordinary deep inspiration was taken. It is evident, therefore, that, to some extent, local rest is given to the inflamed surfaces by this method of treatment; and this accounts for the rapid and great relief which the application of a plaster so often affords in these cases. Incidentally, it may be mentioned that the explanation holds good as to the effects of this application in all cases where pain is aggravated by movement, and where it is, therefore, the first object of treatment to restrain the movements of the affected part.

The other applications, which are employed in these cases belong to the two classes of sedatives and counter-irritants. The former are employed in cases in which the pain is extreme, and the mischief has so far progressed that preventive measures are useless. Then poultices of linseed meal, sprinkled with tincture of opium or belladonna, often afford great relief to the patient's sufferings. It is important to remember that they must never be allowed to become cold, and the patient must be most carefully guarded from a chill while the poultices are being changed. In either case, the effect of the warmth upon the skin, is the dilatation of the blood vessels; and thus the withdrawal of blood from the deeper tissues.

(To be continued.)

[previous page](#)

[next page](#)