

Lectures on the Nursing of Lung Diseases.

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CHAPTER III.

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THESE effects will be prevented by any chilling of the surface; and not only so, but as the latter would cause contraction of the blood vessels, and therefore drive the blood more than ever into the internal vessels, carelessness in this matter would probably bring about most harmful results to the patient.

In many cases, in which treatment is commenced at an early stage of the disease, the attack of Pleurisy is cut short, and patients recover without much fluid being poured out into their chest. In these cases, there is usually some amount of thickening and adhesion left between the apposed layers of the pleura, and, for some weeks after such an attack, the patient experiences more or less pain at the seat of injury.

But with the majority of cases who require a nurse's care, the general health is in such a condition that the disease progresses to the pouring out of a considerable amount of fluid into the cavity of the pleura. It will then be readily understood that this collection of serum presses upon the lung, and so prevents it from expanding and admitting air through the bronchi. At first, of course, the fluid sinks to the lowest level of the pleura, and thus compresses only the base of the lung; but if the condition continues the depth of the fluid gradually increases, and with it the area of the lung which is disabled, until at length in very severe cases the affected side of the chest may be so full of fluid that the lung is tightly compressed and unable to expand at all; the chest walls being bulged out by the pressure of the contained fluid.

If this occurrence takes place upon the *Left* side, it can readily be understood that it is likely to be more dangerous than if the right be affected, for the simple reason that the heart is then also more or less compressed, and its proper action interfered with. But, in any case, the condition is sufficiently grave; because it means that part or the whole of one lung is prevented from performing its all-important

function, and thus its duty is thrown upon the unencumbered lung.

In these cases, it is obvious, therefore, that measures must be taken as speedily as possible, to remove the constricting fluid. In many cases, this can be effected by means of medicines and diet. For example, the patient is allowed only to have a very small amount of fluid, and medicines are administered with the object of exciting and increasing the free action of the skin and of the kidneys. In other words, the fluid is removed from the body, and a fresh supply is withheld. The result of this is that the blood vessels suck up from the tissues the fluid which the blood requires in order to remain sufficiently liquid; and thus the effusion in the chest is more or less rapidly re-absorbed. Nurses should remember the reason therefore of this treatment, and rigidly carry out the directions they receive. They may find the more difficulty in doing so, because some patients remonstrate strenuously against the discomfort and extreme thirst from which they suffer. Incidentally, it is worthy of notice that this same deprivation of fluid is all important in other cases in which the blood vessels or mucous membranes have poured out serum into the surrounding tissues; or, again, in those cases in which it is necessary that the mucous membranes should be deprived as far as possible of their natural powers of secretion. The first class of cases may be exemplified by patients suffering from dropsy, to whom medicines may be given to an unlimited extent, causing profuse diarrhoea or excretions from the skin or kidneys, but without the slightest benefit to the patient, if he be at the same time allowed to take as much fluid as he desires. Because the thirst which the loss of fluid inspires, would, under ordinary conditions, make him wish to drink as many ounces or pints of liquid as have been removed from his system. The latter class of cases may be illustrated by patients suffering from, or likely to suffer from, septic peritonitis; where it is all important that the peritoneum should, as it were, eat up the germs of disease, a power which it cannot possess unless it is deprived for the time of its natural power of excreting serum. This result can only be obtained by depriving the body of its usual supply of liquids, and the fact explains the carefulness with which abdominal surgeons permit no food of any kind to be taken by a patient for 24 or 36 hours after an abdominal operation.

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