

Lectures on the Nursing of Lung Diseases.

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CHAPTER III.

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If medicines and dieting, however, fail to remove the fluid from the chest, the patient's condition will so rapidly progress from bad to worse that surgical methods will become necessary for his relief. The operation which is usually, then, adopted consists of passing a trocar between the ribs just below the lower angle of the shoulder blade into the cavity of the chest. To the trocar is attached an india-rubber tube which passes into a basin or pail, and the nurse will probably be directed to keep the end of the tube under the level of the fluid which will rapidly flow out from the chest into the receptacle. The object for this precaution is to prevent air rushing into the tube and so into the chest when the fluid has escaped; in which case the patient would probably suffer from great difficulty in the expansion of the lung on the injured side, because the compressing action of the air would be very considerable if the lung was at all bound down by adhesions and so was unable easily to expand and fill the pleural cavity.

In the great majority of cases, however, the tapping takes place early, and as the fluid flows away, the lung naturally expands and so fills up the vacant space in the chest. The relief to the patient in most cases is extreme. He breathes at once more easily; and as the blood flows again through the vessels of the lungs and round the air cells, it becomes oxygenated; the congestion of the face, as well as of the deeper organs, passes away; and in a few minutes he not only seems to be, but expresses himself as, infinitely relieved. There are two measures which nurses are usually required to take. The first is to have a hot water bottle placed at the patient's feet; the second, to have some brandy or other stimulant ready at hand. The rapid removal of a large quantity of water from the chest, especially if the left side be affected, that is to say if the heart has been pressed upon, will in the majority of patients, be followed by more or less faintness and perhaps actual syncope. In

some instances, this is so marked that brandy has to be administered at once and the pillows removed from the patient's head. The need of the hot water bottle to the feet, and artificial warmth to the body, is due to the same cause—the sudden interference with the heart's action, in a patient already weakened by the progress of his disease. There are, indeed, cases on record in which death has occurred during or shortly after this operation, and it is possible therefore that the precautions mentioned may be actually required in order to save the patient's life.

As soon as the fluid has drained away, the operator usually pinches up the skin at the point of entrance to the trocar, and, rapidly removing the instrument, moves the skin aside so as to close the communication between the outer air and the cavity of the chest. Then he will probably place a small strip of plaster to close the wound, and a flannel bandage round the chest in order to support this until the lung has recovered itself from the presence of the fluid removed from the pleura. In some cases it is only necessary to remove a comparatively small amount of fluid, and thus to relieve the pressure on the blood vessels; and as a rule Nature is able, with the aid of appropriate medicines already referred to, to prevent any fresh effusion of fluid after the pleural cavity has once been emptied.

There are, however, cases which occur, chiefly amongst children, or in adults whose health has previously suffered greatly, in which the serum poured out by the pleura becomes converted into pus; and so instead of a collection of water in the chest there is practically a huge abscess. In these cases, there are usually the well marked signs of pus-formation; the rapid rise of temperature at night, the exhausting night sweats, rapid emaciation and failure of the bodily strength. These cases of Empyema require much more careful and prolonged nursing, of course, than the more simple cases already alluded to. For example, the operation performed is less simple, and the after treatment is much more difficult. The trocar is useless and a free incision has to be made into the chest, and sometimes it is even necessary to remove a part of a rib in order to allow of free drainage of the cavity. In any case, a drainage tube has to be placed in the chest so as to prevent the closing of the opening and the re-accumulation of pus.

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