

expectorate without exertion. Some lung patients are only comfortable when in an almost sitting position, and no two are quite alike. Under no circumstances should the patient lie on his sound side; if he cannot rest on his back he should be placed on the side from which the hæmorrhage is coming, or the act of breathing may draw some of the blood into the unaffected lung, causing cough and increasing hæmorrhage.

There is at present some difference of opinion among medical men as to the advisability of using ice as routine treatment in these cases, some doctors considering that the reaction it causes is very liable to start the bleeding again. A nurse should, therefore, never use ice on her own responsibility, but in nursing cases of phthisis, when the complication of hæmoptysis is likely to occur, she should be careful to ascertain the wishes of the medical man in charge of the case on the subject, and also the method of application preferred by him.

One of the simplest methods consists of placing in each of the patient's hands a lump of ice just large enough for him to hold comfortably wrapped in flannel. A mackintosh can easily be arranged to carry off the water, as the ice melts, into a receptacle on the floor. This treatment is usually carried on for some hours.

Some medical men prefer the ice to be applied to the chest wall itself either in an india-rubber ice-bag or chopped and wrapped in flannel; such applications are generally ordered for twenty minutes at a time, and care must be taken that neither the patient's clothing nor the bed-linen become damp, as it is extremely important to avoid moving him.

Sometimes, instead of ice, a cold compress is ordered to be placed on the chest. Dr. Burney Yeo's plan is the best and most efficient. He advises a freezing mixture such as chopped ice and salt, to be placed in an old-fashioned warming-pan, and the flannel for the compress, after being wrung out in cold water, to be laid on the warming-pan for a few minutes before it is applied to the patient's chest. Two compresses should be in use, so that one may be freezing on the "warming" pan whilst the other is thawing on the patient. In dealing with any form of cold application it is well to remember that they all rapidly become heated by the action of the body, and therefore need constant changing and attention; otherwise the whole object with which they were ordered is defeated, and they do far more harm than good.

In all cases when ice or cold compresses are prescribed for the chest or upper extremities the nurse must see that her patient's feet are kept warm, with hot-water bottles if necessary.

After hæmoptysis, a person will often suffer

far more from nervous shock than from the actual loss of blood; the suddenness of the attack, the feeling of suffocation and absolute helplessness, and the recollection of ghastly stories of others who have died from hæmorrhage (which stories always crowd into their minds at such moments, for which reason they should never be repeated to the phthisical) all contribute largely to this, and a tactful nurse can do much to lessen the shock and re-assure the sufferer's mind, not only by cheering words, but also by seeing that all stained vessels and linen are removed with as little delay and fuss as possible. Whilst the bleeding is actually taking place, the patient's mouth and nose should be constantly wiped with swabs of absorbent wool dipped in cold water, and he must on no account be left alone when the hæmorrhage has apparently ceased, for fear of a fresh attack.

After a hæmorrhage from the lungs, small clots of blood will generally be found in the sputa for some days, these clots becoming gradually of a dark colour. A watch must be kept for any signs of fresh (*i.e.*, bright coloured) blood, and should any appear it must be reported to the doctor, and patient kept quiet until after his visit.

Whilst, for fear of hypostatic congestion of the lung, doctors do not often order a long stay in bed after an attack, yet for some little time the patient's movements must be slow, and no sudden change of position allowed. He must be kept very quiet and forbidden any exciting visitors or conversation, his clothing not too heavy, and the room as cool and airy as possible, the windows being widely open both by day and night.

The question of diet is another subject upon which doctors differ. Some prefer to closely follow Tufnel's system for aneurism, giving certain quantities of cold meat and bread with as little fluid as the patient can bear until all signs of hæmorrhage have ceased. The more usual plan is to give about two pints of cold milk, or milk and soda water only in each twenty-four hours for a few days. On no account should any stimulant or hot drinks be given without the doctor's permission.

Due attention must be paid to the condition of the patient's bowels, the nurse ascertaining if they are acting freely. A bed-pan must always be given, and the patient not allowed to get out of bed.

The pulse must be carefully watched (especially when morphia has been given), as it will at once indicate any hæmorrhage that may be going on out of sight.

In cases of phthisis the nurse must always have a hypodermic syringe in good working order, so that no time may be lost if the doctor wishes to inject morphia; this should never be done by

[previous page](#)

[next page](#)