

### A Case of Lobar Pneumonia.

Pneumonia may fairly rank next to typhoid as a disease in which the nursing is of the first importance, so vital it is that the sufferer should be in every way helped and protected in the struggle against such a deadly foe. A short account of a "lobar" case (both lungs affected) may be of some interest to your readers.

I was sent to the case a week after the onset of the attack, the care of the patient up to that time having been undertaken by two daughters who were engaged in business at home, and who, never having seen any illness before, though very anxious, hardly realised its gravity. The previous evening a night nurse had been hurriedly sent for, after repeated urging on the part of the doctor.

The patient was a woman of fifty, who had had a very hard married life of ups and downs, added to the inevitable cares connected with bringing up ten children, so we were not surprised to get a history of her having "kept about" for some months with a bad cough and shortness of breath, which were left after influenza in mid-winter.

On this, about the seventh day of illness, she had a temperature of 103.2 deg., pulse 128, respirations averaging 68; was able to take well, and, best of all, there was no delirium beyond that rambling which is often present when on the borderland between sleep and waking. The next twenty-four hours were a very anxious time, but with a drop of two points in the temperature, and no change for the worse in other respects, we felt distinctly hopeful. An interesting part of the treatment was the limited amount of fluid allowed on account of great distension and flatulence, which tended to impede still more the already badly oppressed lungs. Milk one and a-half ounces with half an ounce of barley-water and two drachms of brandy every hour was the largest amount given, ice being used to relieve thirst; hypodermics of strychnine and stropanthus four hourly provided stimulus for the heart; oxygen was used for five minutes every hour and oftener when, as frequently happened, the patient's breathing became worse, and her face cyanosed. These attacks were most distressing to watch. The next day brought the crisis, and with it profound collapse, the temperature was 95 deg., and the patient was in a cold perspiration, while the pulse ran up to 140; and more disheartening yet, there was a total cessation of expectoration, which had been fairly free, although typical of the worst form of pneumonia. These ominous symptoms were accompanied by more severe pain in the back and chest, and disinclination to take nourishment. The respirations were now 72, sometimes 80; the patient a very bad colour and visibly weaker; but the doctor refused to abandon hope, holding that if a few more hours could be tided over the "corner might be turned."

Brandy was our sheet-anchor now; we gave a tablespoonful every hour. Owing to the hypodermics causing the patient much distress (she thought the "pricks" were very cruel, and they evidently excited her), we had been giving the strychnine by mouth, but now two injections were given at a few hours' interval, as, of course, the drug was introduced much more quickly in this way. After consultation it was decided to try injections of saline solution and brandy by rectum, and to give only small quantities of barley-water by mouth; but, as in so many cases of great exhaustion, they were not retained, besides causing the patient discomfort and extra exertion from being moved.

During that afternoon a sudden change occurred. The patient became warm, the face, instead of being cold and pallid, was flushed, while the temperature rose to 100 degs., and the cough, which had ceased for some hours, returned. This certainly showed a flicker of increased vitality, but as the breathing seemed to get more difficult, and the patient restless, it pointed rather to extended inflammation than to resolution setting in. Of sleep the poor woman had had none, beyond short dozes which had little rest in them, so there was nothing to restore any strength to the worn frame. The same state continued for twenty-four hours, the night nurse arduously carrying out the treatment ordered and administering oxygen almost constantly. But about 3 a.m., at the time when a patient is so often at the worst, the breathing became slightly easier, expectoration increased, and, as the day broke, some quiet sleep showed that the improvement was real. I came on duty to find doctor and nurse in excited discussion as to whether the corner was really turned. Events proved that it was, and though there was still rough road to traverse, we felt that the worst was over.

The temperature and pulse were satisfactory, and a drop to fifty in the respirations made us feel still more hopeful. Although during the worst time the rather unusual treatment of limiting the nourishment to merely sips of barley-water (besides stimulant) was adopted, the patient was none the worse, and the distension was much relieved; directly resolution began and the breathing improved the doctor allowed small feeds of milk and barley-water every hour, which we increased every day, at the same time diminishing the brandy.

Certainly it is, to say the least, undesirable to have to nurse a very helpless person, who has to maintain an upright position, on a feather bed; but that was what we were obliged to do in this case, our patient's condition being too bad to allow of the bed being changed, but an air cushion, and night and morning ablutions and rubbing, effectually kept things right till convalescence was assured when we left the case, feeling never again would we despair of a "double" pneumonia.

ELLEN CROOK.

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