

Clinical Notes on Some Common Ailments.

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In the ensuing series of articles an attempt will be made to describe some of the most marked features of certain more or less common diseases as they strike the observer at the bedside, and to explain the reason for their occurrence. As I have previously pointed out, when the patient is sufficiently ill to require the services of a trained nurse, no inconsiderable part of the duty of observation falls to her lot, if only because she is in all probability at the bedside for as many hours as the physician spends minutes. It is difficult to measure the advantage that the constant presence of a trained observer affords to the physician, and therefore to their common patient.

In considering the selected diseases, it will be assumed that the reader has access to some standard text book of medicine, and no attempt will therefore be made to give a complete description of any of the ailments, the aim being rather to dwell on such points which the nurse should notice if she wishes to form an accurate idea of the progress which the patient is making.

It has always seemed to me that this is one of the chief difficulties which the nurse has to face. She notices certain symptoms, but has no means of knowing which are important and which of but trivial value. The old idea that the trained nurse has merely to carry out orders dies hard, but it is surely erroneous, or, at all events, singularly incomplete, and I feel sure that a nurse who is really interested in her patient must often have some difficulty in knowing just where he really is—whether he is getting better or worse, and whether the treatment is having the desired effect or not. For this purpose she must know something of two things—namely, what has gone wrong in the first place, and then what sort of resistance the patient is making to the evil. I often think that we are all too apt to think of an illness as a disease only; it is not; it is a fight—between one army and another, between the forces of the disease and those of the patient who is attempting to resist it. The disease runs on pretty much the same lines in every case, but the resisting powers differ each time, even in the same person, and our treatment must vary accordingly. We ought never, in fact, to talk about the treatment of a disease at all; we treat the illness and not the ailment, the person not the process.

To do this successfully, we must, above all things, know what to look out for, and it is, in-

cidental, just this knowledge which distinguishes the trained from the untrained nurse; the latter can only follow and help, the former can observe also. Often a helper is all that is required, and as she is then very useful, we should never, I think, make any attempt to do away with the untrained "nurse" altogether, only it is desirable that the labels should be quite distinct, and that the general public should have some means of knowing which they are getting when illness arises.

We will now pass to the consideration of the selected diseases, and the first of these is bronchitis. We will first see what part of the human machine it is that has gone wrong, and then how it has done so.

The trouble lies in the breathing apparatus. The object of breathing is to take in oxygen from the air and convey it to the blood, the work being done satisfactorily only so long as the blood gets its proper supply of oxygen.

The air is, or should be, taken in by the nose. Now the use of the nose is twofold—firstly, to warm and moisten the air, and then to detect by the sense of smell any odour which shows that the air is unsuitable for respiration, both these advantages being lost if we breathe through the mouth. The air then passes down the trachea or windpipe until the lungs are reached, when the windpipe divides into a number of branches, called bronchi, which get smaller and smaller until each ends in a little bladder, which is called an alveolus, the walls of which are composed of a number of small blood vessels, whose coats are very thin, so that the air in the bladders can pass easily in and out of the blood which the vessels contain. There the red corpuscles seize on the oxygen, and give up carbonic acid in exchange.

The lung, therefore, consists of a network of bronchi, alveoli, and blood vessels. By the art of breathing pure air is drawn into the alveoli with each inspiration, and used up air is expelled from them at each expiration.

Now, when we come to think of it, it is evident that the whole of this apparatus is rather freely exposed to attack from without, for it must necessarily come into contact with all kinds of unsuitable air, which may not only be too hot or too cold, but which may be charged with irritating dust or fumes, or with germs of various diseases.

As a matter of fact, it is seldom that one cause alone is responsible for respiratory disease; more often than not, they act together, cold or heat lowering the resisting powers of the delicate membranes with which the air passages are lined, so that germs which would otherwise prove harmless are enabled to grow and multiply and produce their respective diseases.

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