

can hold out for a week. The only exception to this occurs when the other lung becomes affected, when the crisis is postponed until this has cleared up also.

In broncho-pneumonia, on the other hand, there is no crisis, but the disease runs on until all the areas have been attacked and have cleared up, and in any given case we have no means of knowing beforehand how long this will take. Fortunately, however, the intensity of the obstruction to the passage of air through the diseased patch is not usually so great as in lobar pneumonia, nor is the strain on the circulation so severe; otherwise but few patients affected with broncho-pneumonia would recover. The disease ends gradually, and lasts as a rule for from seven days to three weeks or so, though periods both shorter and longer than these are not uncommon.

The convalescence, too, from an attack of broncho-pneumonia is much slower, and is liable to be interrupted by such complications as empyema (which is a collection of matter between the lung and the chest wall), and abscesses in various situations, and occasionally is the starting point of an attack of tuberculosis in the lung or joints. Statistically, broncho-pneumonia is more frequently fatal than lobar pneumonia; but, on the other hand, many attacks of the former are very mild. Perhaps the best way of comparing them is to say that if a patient is obviously ill the outlook is better if his pneumonia is of the lobar variety. This higher mortality of the bronchial form is partly explained by the fact that it so often occurs as a complication of some other disease, such as measles or whooping-cough, which has already diminished the patient's resistance.

The treatment of pneumonia has been described as the battlefield of therapeutics, because there is a wide difference of opinion between the various schools of teaching on the subject, the reason being that there is no drug or method of procedure which is generally believed to have the power of cutting short the disease.

On reflection, this should be fairly obvious, for we are manifestly unable to directly attack the organisms which are a cause of the disease; they are out of reach, or rather they can only be reached by drugs given in the form of vapour by inhalation, and we have no gaseous disinfectant which we can give in a strength sufficient to kill the germs without also damaging the delicate lining of the air passages; any drug, moreover, which gets into the circulating blood cannot come into contact with the organisms inside the air cells. As yet we have no anti-toxin which is capable of neutralising the products of the germs.

In pneumonia we can only work by increasing the patient's powers of resistance, and the most difficult thing of all is to know when to interfere. Here, again, the value of a trained nurse comes in, for it is obvious that any method of treatment is of much greater value if it can be applied when the indication for its use first appears.

We can help the patient in two ways—by local applications and by drugs given internally; in practice, both are usually employed together, though we employ our spare moments in quarrelling about their respective values. Of local applications there are two kinds—the ice-bag and the hot poultice or fomentation. In many cases—I do not say in all—the ice-bag is very useful indeed when applied over the affected part of the lung, and its action is to be explained, as I believe, by the effect which it has in dilating the blood vessels in the lung, so that there is an increased flow of blood to the diseased area, or, in other words, an increased supply of white blood corpuscles is sent to deal with the germs. Though this paper is not intended to deal with points of practical nursing, I may remark that when an ice-bag is used, it should be a large one, be kept constantly filled, and be bandaged firmly to the part selected by the physician; hot water bottles should at the same time be applied to the feet, and a careful watch kept on the temperature of the patient. If this falls suddenly, more hot bottles should be used, but the ice-bag should not be removed unless the physician has so directed; in any given case it is best for the nurse to ascertain his views on this point beforehand. Unless a trained nurse be in constant attendance, the use of an ice-bag is impossible.

In other cases, hot poultices or fomentations are used, the chief effect of which is to relieve pain. If these are not constantly renewed they are worse than useless.

Apart from these local applications, we have three main objects in view in our general treatment: Firstly, we want to assist the power of coughing, and this we do, as in the case of an attack of bronchitis, by the administration of such drugs as carbonate and chloride of ammonia, squills, ipecacuanha, and so on, and there can be no doubt that these drugs often have the action that we wish, and increase the force of the cough and loosen the phlegm.

Then we have to ensure that the inspired air shall contain a sufficiency of oxygen, and for this reason we must in all cases allow the patient as much fresh air as possible. Now this is the duty of the nurse, and it will usually be very difficult to carry out, for she will require much tact and firmness to persuade the relatives of the patient that the opening of a

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