

the more sensitive parts until it has been well warmed. Many persons, however, are habitual mouth breathers, and others, in their desire to talk, keep their mouths open, even when they are coming home from a meeting through the night air. In such cases a useful expedient is to make the bronchitic individual wear an invisible respirator, which can be held between the teeth and lips. Lauder Brunton suggests that a suitable one might consist of half-a-sovereign, which, from a desire not to lose it, would strongly influence the patient to keep his mouth shut.

With regard to the treatment of bronchitis itself, it must be remembered that the disease passes through three stages. During the earliest of these the mucous membrane is dry, and there is considerable arterial hyperæmia. During the second stage the arterial congestion lessens and free secretion becomes established, whilst, during the third stage, the secretion gradually dries up and the parts return to their normal stage.

This, however, does not always happen, for, when the sufferer has a weak circulation, a condition of chronic venous congestion is apt to supervene, and the disease then continues for an indefinite period. In the earlier stages the dry and inflamed mucous membrane is apt to be still further irritated if the air which passes over it is either too cold or lacking in moisture, as a result the hyperæmia is intensified, the mucous membrane exposed to the dry air becomes itself less moist, and so the cough grows more distressing and less effective. It is, therefore, desirable that in the sick room the air should be maintained at a suitable temperature, whilst, at the same time, a sufficient amount of water vapour must be present in it. The hotter the air the more water vapour it can contain before it becomes saturated, and so, if one takes cold air from outside into sick-room and merely heats it, it will inevitably become much too dry for the patient's comfort, and this is why it is so important to use a steam kettle in all cases where the patient is troubled with dry and ineffective cough. At the same time, it is quite possible to overdo the amount of moisture and make the air too damp. The patient then becomes less comfortable, his perspiration will not readily evaporate, and the room has the clammy feeling which one associates with a damp hot-house. This state of affairs should never be permitted. The simplest remedy is to use some form of hygrometer (an instrument that shows the dampness of the atmosphere) to guide one in adjusting the humidity of the air; the most convenient form is that which is known as the

"wet and dry bulb thermometer." The wet bulb is covered with muslin, which is kept damp with distilled water, and from which evaporation takes place the more rapidly as the air of the room contains less moisture; the result of the evaporation is that the temperature of that thermometer falls, and one finds a difference in reading between the ordinary thermometer and the one with moistened bulb.

It is desirable in bronchitis to keep the humidity of the air at something between 60 and 80 per cent. of total saturation; if, for example, the room temperature is 60 degs. Fahr. and the humidity desired is 70 per cent., the steam kettle should be kept going as long as the wet bulb thermometer shows a reading below 54 degs. Fahr., but should be removed when the reading rises above that temperature.

In cases where children are being nursed inside tents with steam kettle there is a great risk of the humidity of the air becoming excessive, and in such cases the use of the wet and dry bulb thermometer is specially important. It is also important to secure a sufficient supply of fresh air within the tent, and for this purpose a steam kettle fitted with a nozzle through which air passes as well as steam is very desirable, such can be obtained under the name of "ventilating steam kettles."

A nurse can often help a patient whose breathing is difficult by attending to the position in which the patient is placed in bed. Many will be found to breathe better when they are propped up into a sitting posture. The reason of this is that in this attitude the descent of the diaphragm is assisted by the descent of the abdominal viscera, whilst if the patient lies down the contracting diaphragm has to raise them against the action of gravity. In extreme dyspnoea a patient may have to leave bed altogether and to kneel or sit on edge of bed or chair, so that his thighs shall not be flexed on his abdomen.

With regard to drugs, it is important to remember the different stages of bronchitis which have already been referred to, because the drugs which are most efficient and helpful in one stage may be positively injurious in another. In general, it may be said that the group containing ipecacuanha, antimony, iodide of potash, and alkaline carbonates, is likely to be serviceable in first stage, whilst those drugs that are included under the title of stimulating expectorants, such as squills and carbonate of ammonia, are never desirable until free secretion has taken place, and patient already advanced somewhat through the second stage of the disease. Where a doctor is in regular attendance he will prescribe; it often

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