

The Nursing of Heart Diseases.

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CHAPTER I.

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THE next consequence of valvular inflammation to which attention has been called, is that in which the inflamed edges of the separate segments of the valve become glued together by adhesive inflammation, just exactly as the edges of a wound, when kept together, firmly adhere to each other. This may happen at the tricuspid, the mitral, or the aortic valves—those in fact, which are most usually attacked; because it is an important practical fact that the pulmonary valves are but rarely affected. But this condition is comparatively rare on the right side of the heart, and it is remarkable that when it does occur in the tricuspid valves, the patients are almost invariably women. This fact was pointed out by the writer, some twenty years ago, being proved by a series of cases collected from modern medical literature. On the left side of the heart, the condition is more common; but, here again, it is much more usual amongst women—a matter to which further attention will be directed on another occasion. Taking then, for example, the mitral valves, it is found that the inflamed edges become glued together, and thus united until, at last, there only remains a small orifice at the apex of the valves through which the blood can pass. This condition is known as *Stenosis* or closure, and it may proceed until the orifice resembles, and is termed a “button-hole opening,” that condition being more frequently seen when the mitral valves are concerned than in the case of any other orifice of the heart. It will be easily understood that, with this abnormality, there is not only a certain amount of regurgitation possible—from the want of complete closure of the valvular orifice—but also that there must always be a considerable amount of *obstruction* caused to the passage of the blood through the thickened and partly closed orifice. In other words, in these cases, a greater force is required to pump the blood through the contracted opening than is needed when this is entirely healthy and patent. But the contraction being gradual in most cases, Nature is enabled gradually to provide for the emergency and the muscle of the Auricle, or of the Ventricle, as the case may be, which is required to perform the extra

work, gradually strengthens and enlarges to meet the need, just as the muscles of the limbs increase in power from exercise.

In these cases, therefore, we generally meet with the condition of Hypertrophy of the heart already described, or as it is medically described the “compensatory” movement; Nature compensating the Heart by extra strength for the extra work thrown upon it by disease. It must always be remembered that increased power in these cases means increased safety rather than danger. Inasmuch as the development of the muscle can best, and indeed only, take place if the patient's health is good, and as the development of the muscular strength is essential to the patient's well-being, and even to his life, it is obvious that the improvement of the general health in these patients is a matter of the first importance. It is now well known that the hypertrophy can be materially assisted by means of certain drugs, such as Digitalis, Strychnia, and Ergot, which improve the nutrition of the muscles; and, on the other hand, that Nature's efforts are delayed by mental distress and anxiety or other nerve causes which diminish the nourishment of the muscular tissue. Too much stress can hardly be laid upon the latter point, in these Lectures, because the nurse can do very much to improve the patient's nerve condition; and, if she realizes the full importance of the matter, will materially forward his recovery if she prevents, as far as possible, anything from depressing his nervous system.

She must, therefore, exert herself to maintain him in a cheerful and hopeful frame of mind; minimising, as far as she truthfully can, the importance of any alarming or distressing symptoms such as bleeding or shortness of breath; and constantly emphasising any improvement which the doctor may announce in his physical condition. She must above all things endeavour to prevent tactless or thoughtless friends from conveying untoward news or even expressing their opinion concerning the altered personal appearance of the patient—a proceeding to which friends are far too much addicted. It is a good rule that telegrams should never be given, to a patient suffering from advanced Heart disease, *unopened*. The contents might be perfectly harmless or even most fortunate; but the anxiety which these yellow missives induce, in most people outside business circles, has often proved too great for a Heart patient and a troublesome attack of fainting has occurred before he could open the envelope.

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