

The Nursing of Heart Diseases.

By BEDFORD FENWICK, M.D.

Late Senior Assistant Physician to the City of London Hospital for Diseases of the Chest.

CHAPTER III.

(Continued from page 168.)

A practical point in the nursing of these cases, to which sufficient attention is rarely given, is the posture of the patient. It is needless to say, of course, that, in the acute cases which we are now considering, the patient is kept in bed; but the question naturally arises to the nurse as to the most suitable and most comfortable position for him to adopt.

It is, therefore, well to remember the physical conditions which have been previously explained, and especially the fact that the heart requires to be kept at rest as completely as possible. On the other hand, it must be remembered that the organ is always more or less irritable and excited in consequence of the acute disease within it. In other words, the blood is being pumped more forcibly than usual into the blood vessels of the head. In consequence, patients who are allowed or compelled to have the head supported by only a low pillow, often suffer from severe and continuous headache and violent throbbing in the ears and temples. Sometimes this is so severe and continuous as to prevent the patient sleeping, and thus brings about increasing weakness and irritability of the nervous system which will react on the patient's general condition and intensify all the symptoms of his illness.

What is wanted, therefore, is in some measure to relieve the abnormal pressure upon the vessels of the head without increasing the strain upon the heart. If, for example, the patient sat up in bed, the effect of gravity would be to diminish the pressure upon the blood-vessels of the brain, but, at the same time, the heart would be called upon to exert extra force to raise the blood to the head. It is, therefore, obvious that the best method of securing the comfort of the patient—without increasing the work of the heart to an appreciable degree—is to raise the head and shoulders by means of carefully adjusted pillows, so that the patient may need no exertion to retain his position, and yet the force of the blood pressure upon the brain may be diminished.

The pillows then must be arranged in the form of an inclined plane; one pillow, for ex-

ample, resting about the lower edge of the shoulder-bone, two pillows supporting the neck and three under and above the head. The size of the pillows, and their arrangement, will be modified of course by the Nurse to suit the patient's convenience, and in accordance with the Doctor's directions in each particular instance. The patient can generally be allowed to move, or to be moved, according to his condition, from side to side; but, as a general rule, in these cases, he cannot lie with any degree of comfort on his left side, because he then experiences a painful throbbing in the region of the heart. In whatever posture he is placed, it is most important that the Nurse should remember that quietude is essential, because in various conditions the gravest results may follow any sudden movement on the patient's part or even any comparatively slight strain upon the weakened or ulcerated valves.

This point is so essential that it will be well to illustrate it by two typical cases. A patient suffering from Acute Endocarditis affecting the Mitral valves, was left alone and unattended. He raised himself and leant over to a table which stood near his bed to obtain something he wanted from it. His nurse entered the room just in time to see the movement and to see him fall heavily back on the bed. He was seen to be unconscious, and when the doctor arrived it was found that he was suffering from paralysis of the right side. In other words, what had happened, therefore, was that some small out-growth, such as has already been described, had evidently been detached from the valves, by the sudden strain upon the heart, and, swept along in the circulation, had become fixed in one of the cerebral vessels. It was several months before he regained the use of the affected side, and it is needless to say that the result might easily have been fatal.

The other case, alluded to, was that of a patient suffering from disease of the aortic valves, which had left them incompetent. The strictest instructions had, of course, been given that he was not to be allowed to make any exertion of any kind. Yet he was permitted to get up one morning whilst his bed was being made and was assisted into a chair. He had not been sitting there for much more than a minute when he suddenly fell forward—and died. The weakened left ventricle had, in fact, given way—as it so often does in these cases—under the slight extra strain thrown upon it.

(To be continued.)

[previous page](#)

[next page](#)