

The Nursing of Heart Diseases.

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CHAPTER IV. CHRONIC ENDOCARDITIS.

WE come now to the consideration of the nursing which is required in the more chronic forms of heart disease, as compared with that which we have seen to be necessary in acute diseases of the valves.

Generally speaking, it may be said that when a nurse's services are required, in these cases, the patient is even more ill than when her help is sought for during an acute attack.

The reason for this can be explained by the simple fact that when a patient is laid suddenly low by an acute disease, probably with considerable fever, the laity are more alarmed, and a nurse is, therefore, more speedily obtained than is customary in cases of a more chronic nature, where the patient's health has, perhaps, been gradually failing for weeks, or even months; yet where the seriousness of the symptoms is not sufficiently understood by the patient or his friends to make them seek medical advice until an actual breakdown takes place.

In general terms, also, it may be said that such a gradual decline of the strength and gradual onset of serious symptoms in the cases now under our consideration are due to increasing failure of the heart's power—a failure which may be almost imperceptible in its progress from day to day, even to the patient himself, and much more so to his friends and relatives.

It will be worth while, then, to briefly consider the symptoms which denote such a failing force of the heart's action, which lead to the doctor and then the nurse being sent for. In the great majority of cases, the patient's fears are first aroused by the occurrence of *œdema*, or, more rarely, of *ascites*; the former being the term employed to denote an effusion of fluid under the skin, generally in the most dependent parts of the body—the eyelids, the feet and ankles—while the latter term denotes the occurrence of similar fluid in the cavity of the abdomen. The causation of such effusions of fluid has been, and still is, much debated. For our present purposes, it is sufficient to say that it is derived from the watery part of the blood—this being, so to speak, squeezed out through

the walls of the blood-vessels into the surrounding tissues either by unusual pressure on the circulation preventing the easy flow of the blood into the heart, or in consequence of some change in the constitution of the blood itself.

The chief points for nurses to remember are the frequent occurrence of this phenomenon in cases of heart disease, and the fact that in these cases its presence must invariably be regarded as a most important danger-signal signifying, most usually, failure of the heart's power.

And, from what has already been said, it can be readily understood that the reason for the *œdema*—or *dropsy* as it is popularly termed—occurring in the most dependent parts of the body is simply because the blood-pressure in those parts is greatest, inasmuch as they are most subjected to the force of gravity. This explains, for example, the swelling of the feet, ankles and legs; and although it is not quite so obvious at first sight, it also explains the swelling of the eyelids to which allusion has been made. Because this latter is, as a general rule, only found when the patient wakes in the morning, and disappears shortly after he sits up or rises from bed; simply because his head on the pillow during the night has been nearly as dependent as the rest of his body. Indeed, if the patient's head be well raised by pillows, the *œdema* of the eyelids is frequently absent.

On the other hand, it is important that nurses should remember that *dropsy* in these cases is merely a serious symptom showing heart weakness or some increased obstruction to the circulation; but is not, in itself, the dangerous condition which it is usually considered to be by the public.

With regard to attendance upon these cases, there are certain principles which the nurse should clearly understand, and which the brief explanation already given will easily enable her to do. The first is that a patient suffering from *dropsy* must be at once placed at rest, either in bed or on a couch, that is to say with the affected limbs so raised as to remove any injurious pressure.

And, if this be needful when only the feet and ankles are swollen, it is of course all the more necessary when the *œdema* has extended upwards to the legs, thighs, or even to the trunk; not only because the effusion of fluid is naturally greater in the latter cases but because the danger to the patient is more than correspondingly increased.

(To be continued.)

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