

## The Nursing of Heart Diseases.

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### CHAPTER IV.

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SECONDLY, the course of the circulation must be remembered, and the fact that the object of the massage is to obtain the absorption of the dropsical fluid by the lymphatic canals and the blood-vessels of the part. Consequently, friction must be made from below upwards—for example, from the foot towards the knee—and never in the contrary direction; so as to assist, instead of retarding, the circulation through the veins.

And, once more, if it be the lower limbs which are being massaged, the good effects of gravity can also be added by raising the limbs above the rest of the body, whilst they are being massaged, by having the bed elevated by wooden blocks at the foot, as already described. It is perhaps, almost unnecessary to say, however, that the best effects of massage are only obtainable when the dropsy is affecting the limbs, and when the condition has become somewhat chronic; in which case, the swelling tends to become more firm and doughy and more difficult of removal than when it is in the acute stage—and therefore more soft because more fluid.

When the dropsy is extreme, either in the limbs or in the internal cavities, it often becomes necessary, in order to relieve the immediate danger to the patient, to perform the operation of tapping and so remove the fluid. In the case of the limbs, such an operation is simplicity itself; but, as we shall shortly see, when the fluid has to be removed from the internal cavities of the body, the operation is not only more difficult, but also requires very special precautions.

In the case of tapping a dropsical leg, for example, the special nursing which is required can be easily understood. The operation is usually performed, at the present day, either by a number of small punctures being made with a sharp-pointed knife through the skin into the subcutaneous tissues, by which means the watery fluid in the latter is simply allowed to drain away, and so the swelling of the limb rapidly diminishes; or by inserting tiny silver tubes through the skin, to each of which a length of fine india-rubber tubing is attached. The

advantage of the latter over the former method consists in draining the fluid from the leg into a small pail placed under the bed, whereas by the former plan the fluid of course runs directly into the bed itself. In some cases, however, the silver tubes set up so much irritation in the skin as to cause actual harm to the patient; and, especially in older people in whom there is any tendency to inflammatory diseases, the former measure is that which is usually adopted.

But, in either instance, the essential point for the Nurse to remember is that these little wounds, minute as they are, must be as far as possible rendered, like all other surgical wounds, absolutely antiseptic; and she must, therefore, by carefully cleansing the skin, prepare and make the surface as aseptic as possible before it is punctured. By this precaution, inflammation of the wounded tissues is often prevented; and how probable such a consequence is can easily be understood by a moment's reflection of the actual condition of the parts affected, softened, often soddened, by long immersion in the dropsical fluid, and consequently prone to break down and form abscesses. And when to this is added the enfeebled general health and general condition of the patient, the possibility of such a consequence is naturally increased. As a matter of fact, it was extremely common before the introduction of the antiseptic system for ulceration of the punctured wounds to occur, followed in due course by inflammation and abscesses in the deeper tissues, and in many cases by erysipelas of the skin around the punctures.

It is a further, and important practical fact to remember that when there is any disease of the kidneys secondary or in addition to the heart disease, the tendency to such low-type inflammation is greatly increased. Consequently, in such cases, the duty of the nurse is the more important, to render the surface to be punctured as completely aseptic as possible. And not only so, but to maintain the skin as far as it is possible to do so in an antiseptic condition—whilst the dropsical fluid is flowing away from the punctured wounds. In other words, absolute surgical cleanliness is essential to the safety of the patient; because it need scarcely be pointed out that the occurrence of an attack of erysipelas or of deep-seated inflammatory disease in the limbs, in a patient already suffering from serious heart disease, would probably herald a fatal termination of the case.

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