

The Nursing of Heart Diseases.

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CHAPTER IV.

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There are, however, other causes of Dyspnoea than those which have already been enumerated; and these involve conditions with which it is important that the nurse should be thoroughly acquainted.

A patient suffering from Heart Disease, as we have already seen, is specially liable to attacks of congestion of various organs, in consequence of the difficulty produced in the circulation of the blood through the veins into the heart. In general terms, therefore, it may be said that it is due to these internal congestions, and to the consequent tendency to attacks of inflammation, that these patients suffer from Dyspnoea as well as from other more or less serious symptoms to which attention has already been, or will in due course be, directed. Too much emphasis cannot be placed upon this important fact; because it explains not only the cause of the various symptoms the nurse will observe in these patients, but also the reason for the various methods of treatment which will be adopted for their alleviation or cure.

In the first place, then, these patients are liable to attacks of Bronchitis, and if these attacks become periodical the condition known as Emphysema or, more popularly, Asthma, is produced. As a rule, the first symptom which is noticed is more or less hoarseness, together with a little wheezing when a deep breath is taken. Then there follows an irritable cough which, sooner or later, is accompanied by expectoration of phlegm, and always with more or less shortness of breath.

The first point in the nursing of these cases, as is explained at length in Lectures upon the nursing of Lung diseases, is to protect the patient against the chance of chills, and to place him in an atmosphere maintained at an even temperature, and made moist, in some cases, by the use of steam or medicated vapours, as the medical practitioner may direct in each particular case. The first object of the doctor is to cause such a secretion from the lung canals as may both relieve the congestion and remove the mucus with which the tubes become more or less blocked, and which, by preventing the easy access of air to the lung-cells causes

the difficulty of breathing of which the patient complains.

This is merely assisting Nature's own method of cure, as shown, for example in the instance of "a cold in the head." Everyone knows that in this disagreeable condition the nose feels stuffed up and dry, because the mucous membrane lining it is swollen by its over-distended blood-vessels. After an hour or two, the vessels exude serum thus relieving their distension, and this escapes in the shape of a watery discharge from the mucous membrane. With the "running from the nose," the engorgement is relieved, the swelling subsides and, in a simple case, the symptoms disappear and the attack ceases.

So, in the case of the throat and bronchi, as soon as the secretion from the mucous membrane begins, the cough becomes loose and the expectoration of phlegm free; then the swelling of the membrane subsides, the air passages return to their normal calibre, and the breathing becomes natural. If, however, during the period of this free discharge from the membrane, its surface is at all chilled, the secretion ceases at once, the parts dry up again, and become even more swollen than before. It is therefore obvious that the nurse's first care must be to prevent a patient in this condition becoming exposed to any draught or chill. The medicines that are usually given in these cases to excite the action of the mucous tract, also produce a marked effect upon the outer as well as the inner skin of the body; because it is a point which can never be too much emphasized, that, just as the outer skin is continuous with the mucous membrane lining the mouth and the internal canals of the body, so any chill upon the outer skin affects directly in a similar manner the internal mucous membrane.

This fact is more likely to be forgotten in small ways, and the nurse, for example, who would most carefully protect her patient against a draught of cold air, may forget that his actively-acting and over-heated skin may be as effectually chilled by letting him wash his hands and face in cold water. To mention this latter fact is, however, probably sufficient to show how important it is that no precaution shall be neglected which may in any way prevent the surface of the skin becoming chilled, whilst medical treatment is being carried out to assist and encourage the efforts of Nature to increase the action of the internal or the external skin of the body.

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