

The Nursing of Heart Diseases.

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CHAPTER IV.

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There is a point of much practical importance to be remembered in the nursing of patients suffering from heart disease with lung complications, and especially when this symptom of dyspnoea is present. It is almost invariable for such patients to exhibit a considerable degree of nervousness, and for them at times to feel, and say, that they are just about to die from suffocation.

This nervous condition often tends to accentuate, to a most painful degree, the shortness of breath, and at the same time to excite the action of the heart, which, by then pumping the blood more rapidly through the lungs, increases the quickness of the breathing, and, therefore, still further accentuates the patient's discomfort and sense of impending death. In some cases, indeed, the patient's condition becomes most pitiable, and the shortness of breath, which was perhaps at first merely disagreeable, may become almost dangerous to life. In fact, an extreme condition of asthma may be developed, which will tax every effort of medical science to relieve.

Nothing, however, can so greatly alleviate the patient's sufferings, and so immensely assist medical treatment, in these cases, as carefulness and tact on the part of the nurse. If she can, for instance, divert the patient's attention from himself and his condition, or even persuade him that his condition will be relieved by the remedies employed, and that it is in no way dangerous, his breathing will probably become easier, deeper, and less rapid. There are many ways of securing this end, and, in each case, the nurse must be guided by her own tact and common sense.

For example, some patients are greatly relieved by inhaling various medicated vapours, or smoking medicated cigarettes; and in one of the worst cases which the writer has seen, a lady was soothed, and the breathing rendered almost natural, by the use of stramonium in this manner. By some oversight, one day, these cigarettes had been exhausted, and an attack of dyspnoea occurred. At first, the nurse knowing that it would be impossible to obtain a fresh supply from the nearest town, for some hours,

attempted to soothe the patient; but the breathing became rapidly worse and she seemed to be becoming uncontrollable in her excitement and dread of impending suffocation. As a last resource, the nurse obtained from a visitor in the house an ordinary cigarette of some mild tobacco, lighted it and gave it to the patient, as if it were an asthma sedative. After a few whiffs, the patient expressed herself as greatly relieved, the breathing became easier, and she went to sleep, only awakening when the doctor—for whom the nurse had sent—arrived. There was little doubt in his mind that, had it not been for the presence of mind and readiness of resource shown by the nurse, the patient might have frightened herself into a really dangerous condition. The story is useful as exemplifying both the necessity of tact on the part of the nurse in the treatment of these cases, and the immense influence exerted by the nervous system in the development of dyspnoea in these particular patients.

The writer has known a severe case of this character greatly relieved, for the same reason, by the administration of a teaspoonful of sal-volatile in a wine-glassful of water; and another case in which the use of strong smelling salts had an equally rapid and good result. In both these cases, the ordinary remedies failed to relieve the dyspnoea, the doctor could not be immediately communicated with, and the shortness of breath became very distressing. In each case, the administration of the remedy, given as it was with a confident assurance that it would relieve the trouble, had that good effect; not, of course, by its direct action upon the lungs, but by the effect produced upon the patient's nervous system.

The importance of this matter is emphasised because it is too often overlooked; the administration of medicines being regarded as the end and extent of the necessary treatment. Whereas, as it has often been pointed out before, the nurse's best work often begins, where medicine ends; and she can often most usefully supplement the medical efforts by her tactful influence upon the patient's nervous system; minimising to him the gravity of symptoms which might appear to him to be of most dangerous import; encouraging him to persevere with treatment, however monotonous or uncomfortable, and to recognise every sign of improvement in his condition, as an incentive to further efforts, and as significant of permanent relief.

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