

The Nursing of Heart Diseases.

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CHAPTER IV.

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Still, there are many cases of heart disease in which this symptom of dyspnoea is due to the physical condition of that organ or of the lungs. For example, whenever the action of the heart is more rapid than normal, either in consequence of inflammation or any intercurrent feverish attack, the increased quickness of the circulation through the lungs involves increased rapidity of breathing. In such cases, what is required is to lessen the extent of the inflammation, or to reduce the temperature; and remedies such as those already described, would be entirely out of place.

But there is one practical point in the nursing, in this connection, which is very often overlooked; and not only in these cases, but in every other kind of disease. Many patients, when they become feverish, complain of feeling chilly, and then the popular idea is that more clothing must be placed upon the bed. The natural result is not only that the abnormal heat of the body is retained, but the fever is directly increased. Some nurses who do this would perhaps be shocked to be told that the proceeding is really a reversion to the methods of treatment adopted three hundred years ago, when fever patients were covered over with masses of clothing and kept in rooms from which all air and light were scrupulously excluded.

This matter is all the more important, from a practical point of view, because it is one which the doctor almost invariably leaves to the trained nurse. When the patient is being attended by a friend or relative, the doctor naturally sees to everything himself, and gives explicit directions concerning every detail; but when the patient is in the care of a nurse who has been, or is supposed to be, thoroughly trained, the doctor assumes that all the details of the nursing will be properly carried out, and so he does not, as a rule, refer to or discuss them carefully with her. For example, in these very cases, the doctor would rarely think of feeling the bedclothes to see how much weight was resting on the patient's body. But few things are more astonishing than the frequency with which one finds a patient, weak from prolonged illness, with his temperature raised, or kept higher than it would be in the natural course of his disease, merely because ex-

cessive clothing has been piled upon him. Nowadays, when cases of pyrexia are treated on common-sense principles, not only by drugs which excite the action of the skin, but by the application of cold, either by iced air or by baths, it seems ridiculous that so simple and obvious a measure for lowering the temperature of the patient, as the removal of all unnecessary clothing, should be so often overlooked.

Quite recently, the writer saw a lady who, for two days, had been suffering from a temperature of 100° F. to 101° F. and for which no sufficient explanation was apparent. She had had a slight operation, but the wound was perfectly healthy and surgically clean. The mystery was explained, the moment the bed clothes were lifted. As she had expressed a sense of chilliness, a fire had been lighted, and, then, although the weather was warm, three blankets and an eider-down quilt had been placed over her. When the fire was put out, the room properly ventilated, and only one blanket left on the bed, the temperature fell at once, and in a few hours was normal, and it did not rise again; whilst the patient's comfort, and the certainty of the successful healing of her wound, were both greatly increased.

In general terms then, it may be said that with the most ordinary precautions and attention to ventilation, a patient who is in bed, ought not to run the slightest risk of a chill, and, in the next place, if there be any tendency to feverishness, the air of the room can be properly warmed by means of a fire, but the less clothing which is placed over the patient, provided only that the skin be kept warm, the better.

This common-sense fact should be borne in mind, in every case of illness accompanied by high temperature; because it is astonishing how much relief can be given to the patient, and how those symptoms which are aggravated by fever can be alleviated or altogether removed, by this simple precaution against overheating the body. Certainly, in many cases of dyspnoea accompanied by fever such a diminution of the temperature is almost invariably attended by a marked and rapid relief of this distressing symptom; and the precaution to which attention has been directed cannot, therefore, be too carefully observed. Moreover, in these cases, the very weight of the bed-clothes upon the patient's body is an important element in increasing or diminishing the difficulty of the movements of the chest, and consequently the difficulty of the breathing.

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