

The Nursing of Heart Diseases.

BY BEDFORD FENWICK, M.D.

Late Senior Assistant Physician to the City of London Hospital for Diseases of the Chest.

CHAPTER IV.

(Continued from page 27.)

A difficulty which frequently occurs in these cases, and which upsets the best-laid plans of dietetic treatment, is the tendency to dyspepsia from which these patients so frequently suffer. Their enforced rest in bed, of course, deranges the customary processes of digestion, and acts detrimentally in an especial degree, because of the troublesome constipation which is caused; and the latter condition, if not carefully prevented, re-acts again upon the patient's health by increasing his indigestion, and still more by causing flatulence.

This latter symptom, indeed, is in these cases one of the first importance; because, as has already been shown in these Lectures, distension of the colon or stomach, by pressing upwards on the chest cavity, causes more or less considerable interference with the breathing and even with the action of the heart.

So it will be the nurse's duty to take every possible means of preventing the occurrence of this condition, or of minimising its effects when it does occur. It may be, therefore, usefully repeated that charcoal biscuits, or the use of small doses of bi-carbonate of soda, are very valuable in releasing the gas and thus removing the distension.

On the other hand, in extreme cases, where the colon perhaps is enormously distended, the passage of the rectal tube often affords the most marked and immediate relief. So much so, indeed, that patients often describe it as miraculous. One minute the abdomen may be greatly distended and extremely painful; the action of the lungs and heart may be so embarrassed that the breathing becomes very rapid, and the heart palpitates so violently as to cause the patient the greatest physical and mental distress. The face becomes deeply flushed and the veins stand out like blue cords upon the temples; the skin becomes bathed with cold perspiration; the whole expression is one of extreme dread and suffering; and indeed, the patient often seems to be at the point of death. With the passage of the rectal tube—and the escape of gas—the abdomen sinks

in, and the breathing becomes at once relieved; long, deep inspirations and expirations take the place of short hurried gasps; the heart quiets down, the pulse becomes perceptibly stronger and slower; the expression changes to one of relief and comfort, the veins empty themselves, and the skin resumes its normal colour.

With such great results, then, from so simple a measure, every nurse who is placed in charge of such patients should be acquainted with the practical use of this simple instrument. Two practical points in regard to its use are that, if possible, the tube should be made of gum-elastic and about six inches long; and it is well to have it of good calibre. The reason for this is not only that the result is more rapid, but also that in some cases it is necessary to pass the tube a considerable distance up the rectum and even into the colon in order to effect its purpose.

But, if an ordinary rectal tube is not available, a simple indian-rubber or gum-elastic catheter is often quite sufficient for the purpose. As a rule, neither instrument requires to be passed more than three inches up the canal. The end of the tube should be quite open; so that, if a catheter be used, it is necessary to cut off the ordinary bulbous extremity. It is well always to pass the free outer end of the tube into a soap dish or small porringer filled with water, and under the surface of the fluid; because, by this means, the amount of escaping gas can readily be estimated by the bubbles which rise to the surface.

In introducing the tube, the instrument should always be carefully warmed, especially if it be made of gum-elastic, and well oiled, so as to render its introduction as easy and as painless to the patient as possible. It is well to remember that the less lubricant which is used, in these cases, the better; and also that this should never be vaseline, or any similar thick compound; for the simple practical reason that the latter might clog up the open end of the instrument and effectually prevent the purpose for which it is employed. In many cases, this measure is sufficient to afford the greatest relief; but in others, where the flatulent distension chiefly affects the small intestines—that is to say, when the collection of gas cannot be reached or removed by the mechanical expedient just described—it is necessary to give medicines, or to employ other means to clear the canal.

(To be continued.)

[previous page](#)

[next page](#)