be found. For example, when a part is inflamed there is an unusual quantity of blood in the overloaded vessels, and Nature then attempts to relieve the strain by sweating some of the watery part of the blood out of the vessels into the tissues around; and if this be near the surface of the body, once more, the characteristic pitting on pressure can be obtained. But, in this instance, the effusion is quite local and temporary, and as soon as the local inflammation subsides the blood-vessels suck up the fluid they had poured out, and the parts gradually return to their original condition; whereas, when Dropsy is caused by an organic internal disease, it is more general, and can only be cured by the removal of the disease which caused it.

So, beyond the superficial swelling, we find in patients suffering from such disease a general and very serious alteration in the constitution of the Blood; and the blood-vessels in the Peritoneum, in the Pleuræ, and in the Pericardium, and even, to a smaller extent, in the membranes of the Brain and Spinal Cord, permit the watery part of the blood to transude into those cavities. Thus, such a patient may, for instance, show a gradually-increasing swelling of the abdomen. At first the glazed, stretched condition of the skin, and the manner in which it pits, on pressure, may make one think that the swelling is only due to ordinary *œdema*. But by placing one hand flat on one side of the abdomen, and by tapping quickly and firmly on the opposite side, a peculiar and most distinctive phenomenon is often obtained. Each tap transmits a thrill to the hand on the opposite side, and this is termed "fluctuation," because it is due to a wave of fluid in the cavity of the abdomen being formed by the percussion of the fingers and being conveyed to the opposite side. When this is felt the doctor knows that the swelling of the abdomen is due to the presence of fluid in the abdominal cavity, and this form of dropsy is termed Ascites. Or, with or even without ascites, the blood-vessels in the Pleuræ may form a condition of dropsy in the bags in which the lungs work, and we have the same results as we found in a previous Lecture were produced when Pleurisy, or Inflammation of the surface of the Pleura, caused an effusion of fluid into one or both cavities. The space in which the lungs should freely expand is of course encroached upon and occupied by the fluid, and thus first the symptoms and then the dangers of such serious interference with the action of the organs are brought about; the patient suffering from great and increasing difficulty in breathing, from improper aeration and oxidation of the blood, and so from the signs of impending Asphyxia. Or, again, the fluid may be poured out into the Pericardium—the bag in which the Heart works—and thus its action will be impeded, and perhaps finally rendered impossible.

Now, it will be at once understood that Dropsy of the Pericardium is therefore more dangerous than similar dropsy of one, or even of both Pleuræ, and that the latter is a more serious menace to life than ordinary ascites is, because of the greater interference, in each of the previous conditions, with vital processes of life. It follows from this that greater precautions have to be taken, and more speedy treatment is requisite, when there is dropsy within the chest than when this is confined to the abdominal cavity. So the practical lesson of these facts to the Nurse is that in patients suffering from Dropsy it is well to keep the patient raised in bed as much as he can comfortably bear, remembering the important fact that dropsy chiefly affects the most dependent or lowest parts of the body. Therefore, just as the anæmic girl is ordered to keep her feet raised in order to diminish their swelling, so dropsical patients should be carefully propped up in bed so as to diminish, as far as possible, the occurrence of effusion into the cavities of their chest.

This point may well be insisted upon, because it may mean the saving of the patient's life; and it illustrates once more the great importance of a knowledge of Physiology to Nurses, and also that the teaching of this subject should not be of the usual dry-as-dust character, but should be interwoven with the practical details of their work, so that theory and practice should go hand in hand, and that the knowledge they acquire of the human frame and of the processes of disease may be made immediately applicable to the benefit of the patients confided to their charge. The dropsy of the eyelids which is so typical of patients suffering from Kidney disease, which almost invariably occurs only in the morning, because the patient's head has been low on his pillow during the night, and which gradually disappears when he rises, while his feet swell because they are then the lowest part of the body, are facts which further tend to teach the important lesson to which allusion has been made.

(*To be continued.*)

previous page next page