

### Heart Disease.

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It is therefore not surprising that, in a great number of patients suffering from heart mischief, disease of the kidneys is also found to be present. And, in consequence, we find the various symptoms which are associated with this latter condition; there is more or less albumen in the urine, with the depreciation of the bodily strength and mental vigour which are usually associated with the loss of this important constituent of the blood and tissues. The quantity of albumen in these cases varies very greatly, sometimes being comparatively little, and sometimes excessive, according to the patient's general condition and heart power.

When the loss is at all great, the patients usually suffer from marked anæmia and general feebleness; the feet and eyelids become swollen in consequence of the effusion of water from the blood-vessels into those tissues; in other words, the condition which is known as *Dropsy* is found. The swelling of the limbs, in serious cases, stretches upwards, from the feet and legs, into the thighs and abdomen. Then, as a rule, there follows an effusion of fluid into the cavity of the abdomen, to which the distinctive term of *Ascites* is given. If the case progresses still further, there will probably be some effusion of fluid into the cavity of the chest, which, pressing upon the lungs and the heart, of course, tends still further to embarrass the breathing power of the former organs, and the propulsive power of the latter. And so events tend to go more rapidly from bad to worse, as the circulation becomes more and more impeded, and the stagnation in the blood vessels, therefore, more and more marked. We get these extreme symptoms, as a rule, to the most grave extent, when the kidneys are thus also diseased; but it must be remembered that dropsy, not only of the limbs but of the cavities of the body, is a very common consequence of uncomplicated heart disease; and it only occurs more frequently when the kidney mischief is super-added, because the constitution of the blood is then so injured that the exudation of its fluid component more readily occurs.

A further consequence of dropsy, is that the patient is unable to move about and obtain proper exercise, and so the weakness of the already enfeebled heart is increased. It is, in

these cases, that good and careful nursing becomes so important. By keeping the patient absolutely at rest, with the swollen limbs slightly raised, the effect of gravity is brought into play to assist in the re-absorption of the exuded fluid into the blood vessels; and this result, as well as the activity of the circulation, is assisted by gentle friction of the limbs. The nurse's hands should be warm, and well oiled, and the feet, legs, and the thighs also if swollen, are gently massaged upwards, that is to say, in the course of the veins which are thus enabled to empty themselves more easily, and to suck up, therefore, the fluid from the tissues around them. It is surprising what rapid results can be thus effected in the removal of dropsy. Then, by gentle exercises of the patient's arms, and by gentle massage of the chest walls, the heart is encouraged to act with greater vigour than it would do if the patient were having no muscular exertion at all.

Finally, if the dropsy becomes so extreme that it is necessary to puncture through the skin, in order to allow the dropsical fluid to escape, and so to relieve the stress on the circulation; there are certain points which the nurse must always remember. Cleanliness, dryness, and warmth, are absolutely essential. Cleanliness, because patients suffering from kidney disease are exceedingly prone to develop erysipelatous inflammation, at the point of the slightest scratch or puncture, and of so severe a form as to involve, what is usually described as "blood poisoning," and the rapid death of the patient. So it is necessary to ensure that the skin is surgically clean before any puncture is made to relieve the dropsy, and carbolic oil two or three times a day should be applied over the surface of the punctures. With regard to dryness, the escape of fluid in such cases is often very great and continues for hours, and, therefore, unless proper mackintoshes and wool are employed, the bedclothes and skin of the patient become sodden, and in the enfeebled state of the tissues the skin frequently cracks and the worst form of bed-sores is produced. It is, therefore, evident that the skin must be kept as dry as possible, and this is usually effected by the abundant use of absorbent wool, which it is also advisable should be impregnated with some antiseptic. With regard to warmth, it has to be remembered that dropsical limbs are almost invariably cold, in consequence of the impeded circulation through them, and so the need of extra care in this matter need hardly be insisted upon.

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