

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 I.

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It is also evidenced by the congestion of the kidneys, with the presence of albumen or even blood in the urine; and by the congestion of the rectum evidenced by the appearance of piles.

So, in like manner, insufficiency of the mitral valves and regurgitation through that orifice, from the ventricle to the auricle, not only weakens the latter by wasting its strength and throwing extra work upon its muscles, but also renders more difficult the passage of the blood from the pulmonary vessels into the already partly-filled cavity of the auricle. Then we find evidences, first of the congestion of the lungs in consequence of the retarded blood stream through those organs; and this will explain why patients suffering from disease of the left side of the heart are so subject to lung complications. The delicate walls of the overloaded blood-vessels easily rupture; and cause patches of Pneumonia or inflammation of the organ wherever this occurs; or the blood may be poured out into the air-cells of the smaller bronchi and may be coughed up, giving rise to the belief that the patient is suffering from Consumption, whereas it only represents Nature's effort to relieve the overfilled vessels by depleting their contents. Nurses should especially remember this fact, because patients suffering from Heart Disease are often not only extremely nervous about their condition, but the action of the heart may be so influenced by fright as to become materially embarrassed. The nurse, therefore, can fairly tell the patient if such an attack of hæmorrhage occurs, that, so far from being a bad sign, it is often a very good omen; and that Nature is trying to relieve the system by internal bleeding, just as physicians, some seventy years ago, used to treat most inflammatory disorders by bleeding the patient from the arm. Incidentally, it is worth noting that our forefathers, although perhaps they carried the system to excess, undoubtedly relieved, if they did not even prevent, very serious illness by the practice of bleeding—a fact which is happily becoming more recognised at the present day.

The same observations hold good in these cases of Heart Disease, when blood is vomited, in consequence of the rupture of some small

vessel in the stomach walls, or when bleeding occurs from a rectal hæmorrhoid.

When the valvular insufficiency occurs at the *Aortic* orifice, however, the condition is most grave; because then part of the blood which has been pumped from the ventricle into the aorta, to supply the whole system, falls back again through the incompetent valves into the left ventricle; and, in many cases, causes such weakness of the muscular wall, or such dilatation of the cavity of the ventricle, that its power sooner or later fails. It is in these cases, therefore, that sudden death may always be expected, because some day the over-strained ventricle becomes so over-filled with blood that it has not the power to expel it, becomes paralysed for the moment, and in its failure to contract checks the action also of its fellow ventricle; so the circulation is suddenly stopped, and the patient drops down dead.

When we come to consider this condition in detail it will be seen, as might easily be inferred, that it is essential to prevent such patients undertaking any severe exertion, or making any effort which would throw an unusual strain on the Heart walls and thus produce a catastrophe.

On the other hand, this same condition of incompetency in the mitral and tricuspid valves, although followed by the consequences already described in the circulation, are only fatal by the gradual changes produced in the stagnation of the circulation through the lungs or the general system respectively.

The cardinal point, then, for nurses to remember is that diseases of the aortic valves are much more serious and fatal than when the mitral or tricuspid valves are affected; secondly, that it is not, in the great majority of cases, the mere valvular disease itself which is dangerous, but the consequences upon the Heart's muscle which that disease may bring about; and, thirdly, that it is the weakened heart—the organ whose action is quick, feeble, and irritable, because its muscle is thinned, strained, or even diseased and degenerated—which causes danger to life; not the powerful, enlarged, and hypertrophied organ whose muscle is hardened and increased to meet the strain which the valvular disease has thrown upon it. The patient may probably complain more of the palpitation and throbbing of the hypertrophied Heart than of the feeble action of the dilated organ; but the former means safety and the latter danger.

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