

The Nursing of Heart Diseases.

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CHAPTER II.

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The first point, then, for the nurse to remember is that the first danger of Pericarditis, in which there is effusion of fluid, depends upon the amount of fluid in the cavity. In the next place, it is dependent upon the character of the fluid. At first, the lymph is white and thin, but, in certain conditions, especially when the Pericarditis is secondary to blood poisoning, or where there has been a direct injury to the membrane, as for example when a fracture of an adjacent rib has occurred, or, in the case of bullet and other wounds which, not directly fatal, have opened a direct communication between the pericardium and the outer air, even the most active treatment will rarely prevent the lymph becoming converted into pus. The condition known as purulent Pericarditis thus occurs—that is to say the pericardium becomes more or less filled with purulent fluid.

But, before we discuss the nursing of these cases, there is a third form of Pericarditis, known as the "dry" form, because little or no lymph is poured out into the cavity; and thus the condition is merely one of more or less localised roughness of the apposed surfaces. In the latter condition, as a rule, the patient recovers completely, without any serious symptoms, and the pericardium may slowly become as healthy again as before the attack.

But whenever there has been much effusion of fluid, whether this be merely lymph or actual pus, the condition of the patient is very critical, not only during the acute stage of his illness, but even for weeks or months after the inflammation has apparently subsided; and this is especially the case where the fluid in the pericardium has been purulent. Many patients who have had only an effusion of lymph, recover completely from their attack; whereas such a fortunate result is comparatively rare in the case of patients who have suffered from purulent pericarditis.

The onset in most cases presents nearly the same symptoms, and the patient may at first show no sign of heart disturbance. His temperature will be raised, and he complains of feeling weak, tired, and short of breath. But the pulse is, almost invariably, the best guide in these cases, because it becomes rapid and irrit-

able; the inflammatory condition around the Heart irritating the controlling nerves, and thus exciting the muscular action, of the organ.

As soon as the existence of Pericarditis is discovered, the patient will be placed in bed, and then the first points for the nurse to attend to are that he should be kept at absolute rest—both of mind and body; and the medical directions as to his diet must be most strictly carried out. Remembering what has been said—with regard to the danger of the disease chiefly consisting of the effusion of fluid—it will be understood that the doctor's efforts will be directed to, as far as possible, prevent such an effusion; or, if it has already commenced when the patient is first seen—and this is generally the case—to limit the amount of the fluid as much as possible. So the doctor will try, first, to keep the heart as quiet as possible, not only by confining the patient to bed, but also by appropriate medicines. In the next place, he will strictly diet the patient, the object being to prevent the blood-vessels pouring out more lymph into the cavity. It is obvious that the quantity of blood circulating through the heart must, therefore, be kept as small as possible. In these cases, some practitioners effect this by bleeding the patient, either by opening a vein in the arm, or by applying leeches, or by cupping over the region of the heart. And the relief which is afforded by this procedure, in many cases, proves the practical wisdom as well as the common-sense physiology of the treatment. In those cases, however, in which the patient cannot bear this procedure, it is customary to apply mustard leaves or blisters over the region of the heart, so as to draw to the surface of the skin as much blood as possible from the inflamed area beneath it.

In the next place, the quantity of liquids in the dietary of the patient is usually rigorously restricted; with the obvious intention and result of keeping the volume of the blood, and especially of its watery constituents, as small as possible. This fact also explains the rapid improvement which is exhibited by patients who have a considerable effusion of fluid in the Pericardium when this same treatment is adopted. The blood-vessels depleted by bleeding, or prevented from obtaining their customary supply of fluid from the intestines, greedily suck up the effused fluid from the pericardium, with the result that the pressure upon the heart is relieved, and, therefore, the danger to the patient is lessened.

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