

The Nursing of Heart Diseases.

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CHAPTER III.

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The character of the pulse and its rapidity are matters which always require the most careful attention. In fact, the nurse's report concerning these points furnishes more important indications as to the progress of the patient than the temperature; although, theoretically, the latter is supposed always to be—and practically it sometimes is—of great importance.

As a general rule, it may be said that the rapidity of the pulse is even more important than its fulness or softness, so far as the nurse's notes are concerned, because there may be considerable diversity of opinion concerning the strength of the pulse; but there can be no question as to the accuracy or inaccuracy of the number of its beats in a minute. The special importance of the pulse-rate in cases of heart disease is that it shows, especially when carefully and regularly charted, the condition of the heart from hour to hour and day to day.

In this connection, it is well to remember that the healthy heart of an adult should not beat more than from 80 to 84 times in a minute; and that in cases of serious disease the quickness of the pulse may be regarded as a valuable indication of the strength of the patient. In general terms, it may be said that a strong heart rarely acts more quickly than normal. It performs its work without haste, because its contractions are forcible enough to clear its cavities completely of their blood. When, however, from any cause, the heart is weakened it almost invariably becomes quicker in its action. When there is fever present, unusual rapidity may be entirely due to, and caused by, irritation of the nerves of the heart, but this quickening is always most marked in those cases in which it is due to the weakness of the muscular tissue of the organ. It may, therefore, be accepted as a general rule that a slow pulse in disease is generally a favourable sign, and a quick pulse correspondingly unfavourable; and it is almost an axiom that a dying patient—unless suffering from certain brain affections—never has a slow pulse.

When great rapidity of the pulse is associated with coldness of the hands and feet, the patient

is almost invariably in a dangerous condition, because this means that although the heart is labouring with all its force, the circulation is not being properly carried on. And when a patient's pulse, therefore, is rapid, and the hands and feet begin to get cold, the fact should be reported as speedily as possible to the doctor. But it is a practical point to remember that both the hands and feet must be cold. Some patients for example are so restless that they will not keep their hands and arms under the bedclothes. And one hand or both may be chilled, therefore, and may present this unfavourable symptom, whilst the feet and the rest of the body keeps warm and the circulation is effectually performed.

With regard to the temperature, in cases of heart disease, it is perhaps more important in these cases of Endocarditis than in any other. For example, the temperature in an ordinary uncomplicated case is generally somewhat raised; but this is usually due in considerable measure to the intercurrent disease, such for instance as acute rheumatism, with which the heart mischief is associated. And when the rheumatism or scarlet fever or other affection subsides, the temperature usually falls also.

But cases of ulcerative endocarditis are distinguished by the high temperatures which are always present, and which are typical of the ulcerative processes in any part of the body. For instance, in an ordinary case, the temperature will suddenly run up to 104° F., or even much higher at night, and fall the next morning to 100° or even much lower; and so for days there will be the evening rise and the morning fall. If a fragment from the inflamed valves becomes detached, and swept along with the circulation until it is fixed in one of the organs, especially in the spleen or in the lung, the temperature will probably rise to 105 or 106 degrees or higher, and more or less marked rigors will occur. So, it will be evident that the use of the thermometer in cases of Endocarditis is more important than in other diseases of the heart, which are not so subject to sudden exacerbations; and in all cases of this affection, therefore, it is useful to take and chart the temperature at least every six or eight hours.

Then, any sudden rise, whether accompanied by a rigor or not, should be at once reported to the doctor; because it would almost certainly denote the onset of further acute mischief—as already described.

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