

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 III.

(Continued from page 128.)

Sufficient has, probably, been said to illustrate the importance of careful charting both of the pulse and the temperature in all cases of Endocarditis, however simple. Because, as was explained in an earlier lecture, it is not so much the first changes in the valves which are important, but the results which follow these. The fringes of lymph along the edges of the valves would, in fact, cause the patient little or no harm were it not for the consequences—that, on the one hand, the inflammatory effusion may bring about the contraction and thickening of the valve edge, and thus lead to the valves being unable to close properly and so fulfil their important function; or, on the other hand, that the fragments may enlarge and become outgrowths on the valve edge, and if washed away into the circulation cause the serious and even fatal results which have been already described. The former result, in short, may be predicted when the temperature falls to, and remains, normal; the latter, when it exhibits sudden and considerable rises and falls.

Sufficient has been said also to prove the extreme need of care in the nursing of these patients to obviate any chance of a chill which might result, either in a fresh inflammatory effusion of lymph on the already damaged valves, or of an attack of inflammation of the kidneys always prone to such an occurrence by the congestion which the heart affection has caused. Or such a chill may cause an attack of inflammation of the lungs, pre-disposed to this by the embarrassed circulation through those organs; and, in many cases of Endocarditis, Pneumonia is perhaps the most fatal inter-current disease from which the patient can suffer. Or the effect of a chill may show itself in inflammation of some other already congested organ with consequent suffering and increased danger to the patient. So, one of the most important points in nursing these cases is to prevent the patient being exposed even to unnecessary draughts, much more to safeguard him against exposure to cold or damp.

It is sometimes difficult to secure at the same time proper and sufficient ventilation of the sick room, and prevent the patient being ex-

posed to draughts. But, with carefulness and ingenuity, this can be done. It is, therefore, of importance that nurses should remember that ventilation always entails more or less forcible currents of cold air, and the principles of ventilation, therefore, should be clearly understood by every trained nurse. It will be sufficient to say here that the first of those principles is that warm air is lighter than cold, and therefore rises, causing an inrush of colder air to take its place, and so forming a current from the point of entrance to the point at which the warmer air is rising. In the case of an ordinary bedroom, therefore, the fireplace is the great source of ventilation. By warming the atmosphere around it, when a fire is burning, it causes a constant uprush of air from the room to the chimney. Colder air will then be drawn into the room either from the windows or the doors, and consequently the direction of the current of fresh air can always be accurately determined.

The first thing, then, to remember is that no patient who is seriously ill, and certainly no patient who is suffering either from lung or heart disease, should have his bed placed in the line of ventilating currents. In other words, THE BED MUST NEVER BE BETWEEN A WINDOW, OR A DOOR, AND THE FIREPLACE.

In the next place, a screen is an extra protection against draughts, which in such cases as these should be used whenever it is possible. It is a measure of precaution which is too often neglected. At the same time, the screen must never be converted, as is sometimes carelessly done, into an actual source of danger to the patient, by being placed in such a manner as to actually divert the stream of air, from the window or the door to the fireplace, and cause this to pass across the patient's bed. In such a case the screen will evidently do harm rather than good by causing the very danger it is meant to avert. It is hardly necessary to add, after what has already been said, that the windows of the patient's room should not be opened if the outside air be damp or foggy, because this is a precaution which is suggested by simple common-sense. Unfortunately, it has too often happened in the past that nurses, unacquainted with the physical conditions caused by their patient's disease, and with the principles of ventilation to which reference has just been made, have permitted him to be exposed to chills with the result that inflammation of the lungs or kidneys has supervened.

(To be continued.)

[previous page](#)

[next page](#)