

The Nursing of Heart Diseases.

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CHAPTER IV.

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In cases in which cellulitis or inflammation of the cellular tissue of the limbs follows the punctures, those tissues, soddened by the fluid they have contained, almost invariably break down into pus, and then abscesses form which burrow up and down the limb, opening at various points, and by their long-continued discharge rapidly exhaust the patient's remaining strength. In the case of erysipelas of the skin, the temperature is often high, or the patient falls into a typhoid state, becomes unconscious, and dies with symptoms of extension of the disease to the brain.

In some degree, similar antiseptic precautions are necessary when the cavities of the body are tapped to remove dropsical effusions. But these latter cases are, as a rule, more critical than those which we have just been considering. Firstly, because, as we have already seen, the condition of the patient is more grave when the dropsy has involved the cavities of the body than when it is merely found in the feet and legs. And secondly, the immediate consequences of the removal of the fluid may be more serious. So there are special precautions which must be taken by the nurse in these cases.

The fluid is usually removed by means of a sharp trocar, which is pushed into the affected cavity. To the outer end of this instrument india-rubber tubing is attached so that the fluid can flow easily away into a receptacle placed beside the bed. Taking the case of an effusion of fluid into the abdomen, as a general rule the patient exhibits more or less evidence of heart weakness, and of the strain thrown upon the organ by the rapid removal of the pressure to which the heart has been subjected by the upward pressure of the fluid in the abdominal cavity. Not only so, but when water is thus removed in large quantities from the peritoneal cavity a certain amount of effusion at once takes place from the multitudinous blood vessels of the peritoneum, which means that the circulation is rapidly depleted of the watery part of the blood. A condition in every way analogous to bleeding, in fact, takes place; and of course every one knows that the effect of such deple-

tion is to cause immediate faintness or actual syncope. It needs, therefore, very little knowledge or experience to realise what the consequences may be, upon a heart already weakened by disease, of any rapid removal of dropsical fluid from the abdominal cavity. The patient is sure to become more or less faint, and cases are on record in which the shock has resulted in immediate death. This is so well known to medical men that every precaution is always taken to minimize the effect on the heart, and probably the fluid will be withdrawn very slowly, and perhaps only a little at a time. Indeed, the latter plan is nowadays frequently adopted, because it often happens that by the removal of a pint or two of fluid the absorbent power of the peritoneum seem to be excited and a steady absorption of the rest of the effusion takes place; the removal from the system, therefore, taking place more gradually and with infinitely less disturbance to the heart's action. But in every case of tapping the nurse will be expected to have stimulants ready to administer to the patient if needed at a moment's notice. And she will generally be required to make a bandage to support the abdomen when its distension from the contained fluid is relieved. The simplest and best appliance for this purpose is a many-tailed flannel bandage because it can afford firm and increasing pressure whilst the fluid is flowing away, as well as after its removal. To effect this, all that is necessary is to place the bandage under the patient's back bringing the tails round and between each other in front. Then one assistant standing on the left side draws firmly on all the right-sided tails of the bandage, another assistant on the patient's right pulling on all the left-sided ends, by which means the bandage is tightly drawn up—the abdomen compressed, the flow of the fluid through the trocar assisted and at the same time the sudden removal of the compression upwards on the patient's heart is prevented.

The further advantage of this plan is that, when the fluid has been removed, no relaxation of the pressure upon the abdominal walls is necessary, as would be the case if a new bandage required to be adjusted. All that is requisite is to tighten the tails, from above downwards, two by two; pinning each pair tightly in position before the next couple are drawn over each other; and so on until the whole bandage is firmly fixed in position.

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