

The Nursing of Heart Diseases.

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CHAPTER IV.

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Not only is such tight bandaging of the abdomen, a useful safeguard, in minimising the effects of the rapid removal of pressure on the organs of the chest; but it is of the greatest comfort and benefit to the patient, by bracing up the lax abdominal walls which have from over-distension lost their proper contractile power. The bandage is usually worn for some time, and it will of course be the nurse's duty to take care that it does not ruck-up or become loose.

When dropsical fluid has to be removed from the chest, whether it be from the pleural cavity or from that of the pericardium, the danger is considerably greater, and the precautions which are necessary must be all the more carefully observed. For example, the pressure of the contained fluid upon the lungs in the one case, or upon the heart in the other, renders the danger to the patient more immediate than when the fluid is contained in the abdominal cavity in which case, of course, the pressure does not act directly upon organs so vitally important to the continuance of life.

The operation of tapping either of the chest cavities is usually performed by means of a very fine trocar, and the fluid is removed by atmospheric pressure through indian-rubber tubing attached at one end to the trocar and the other end being fixed through the cork of a bottle which has been exhausted of air; the fluid then being drawn from the chest into the bottle in consequence of the suction-power of the vacuum. It is essential that no air should be admitted during the operation into the chest cavity, because one of two results usually follow if that accident occurs. Either, in consequence of the entrance of bacteria, the fluid which was originally serous becomes purulent; or the admission of air causes the condition known as Pneumothorax to occur; the lungs being compressed against the ribs by the air admitted into the cavity and their function and action thus being dangerously interfered with. For a description of the consequences in either case, the reader is referred to text-books dealing with Lung Diseases; and it must suffice to say here that in both instances the patient's danger

would be thereby very materially increased.

The occurrence of erysipelas after tapping the chest, although much less common than when an open wound is left in the skin, as in the case of punctures made in dropsical limbs, as already described, is occasionally found and should therefore be guarded against by that careful antiseptic preparation of the surface of the skin at the site of operation, which has already been described.

In the removal of fluid from the pericardium, the nursing which is required is the same as that already described in cases of pericarditis with effusion; but, as a matter of fact, fortunately, cases of dropsical fluid in the cavity of the pericardium are very rare, and indeed are almost invariably associated with so advanced a condition of heart disease that the recovery of the patient is practically hopeless.

In connection with the occurrence of dropsy within the chest cavity, a condition of the lungs which is much more common in cases of heart disease demands some notice. The organs themselves may become, so to speak, soddened by the dropsical fluid effused into the lung substance. This condition, which is known as œdema of the lungs, is one of the most serious which can be met with, because it renders the working of the organs, and therefore the proper aeration of the blood more and more difficult. This condition is always most marked in the case of patients who are kept in bed in the recumbent position, and it occurs for exactly the same mechanical reason as when dropsy attacks the feet and legs, when the patient is walking about—that is to say, because the lungs are, in the former case, in as dependent a position as the feet are in the latter. And, as it has already been pointed out, it is largely the effect of gravity, which causes the watery part of the blood to exude from the blood-vessels in these cases. The practical Nursing lesson, therefore, is in all cases of heart disease, in which there is a tendency to dropsy, to keep in mind the probability of its occurrence in the lungs, and as far as possible to prevent this by propping up the patient with pillows, so that the lungs should not be exposed by their dependent position—so far as the rest of the body is concerned—to the occurrence of this baneful condition. Even when œdema of the lungs has commenced, it is useful to thus raise the patient; but it is infinitely better to prevent the condition if possible by this simple mechanical measure.

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