

## The Nursing of Heart Diseases.

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### CHAPTER III.

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ONE of the most common, and, at the same time, one of the most distressing, consequences of the patient's confinement to bed, is the occurrence of more or less excessive flatulence. The result is that there is not only abdominal distension, but that there is also more or less upward pressure upon the chest, and, therefore, more or less interference, as has been pointed out in a previous lecture, with the proper expansion of the lungs, and the easy working of the heart. To obviate this condition, the greatest care and attention is sometimes requisite, but it is well employed, seeing the great relief which can be afforded to the patient.

It is not too much to say, that, in some cases of heart disease, this condition, which, as a rule, is regarded as so trivial, may become actually dangerous, seeing that the already embarrassed heart will be still further impeded in its work. The first point to be regarded is carefulness as to the diet, and it is noteworthy that the same articles of dietary, which, for other reasons, are debarred in many cases of heart disease, are also those which encourage and maintain flatulent distension.

For example, it has already been shown that it is often important to restrict, to a considerable degree, the quantity of fluids taken by the patient; and it is the presence of much fluid in the intestines which, in many cases, is the exciting cause of flatulence. Then, again, starchy foods, such as potatoes and pastry, and those containing much sugar, such as sweets or raw fruits, are potent causes of flatulence, and these are generally unsuitable for heart cases, in consequence of the indigestion which they frequently cause. It is probable that, in most cases, the doctor will prescribe a more or less strictly regulated diet for the patient, and it is well that the nurse should take this down in writing, so that no question can arise between herself and the patient on the subject. Many patients are fond of the very articles of diet thus debarred, and, sometimes, they resent the nurse's carefulness in this matter—a frame of mind which is apt to react harmfully in arousing opposition and irritation in other details, but which can often be allayed by the production of the doctor's orders in writing.

To a considerable extent, flatulent distension can be prevented, or at least reduced, by mechanical and medicinal means. Amongst the former, gentle massage of the abdomen along the course of the intestines is the simplest, and often a very effectual, method; of the latter, small doses of peppermint or ginger and bicarbonate of soda, are frequently effectual so far as distension of the stomach is concerned, and charcoal biscuits, or powders of sulpho-carbolate of soda are often useful when the intestines are distended. When the condition is caused by enfeebled digestion, some artificial digestive is often prescribed, such as Pepsin or Lactopeptine, the latter being often remarkably useful in these cases. A practical point for the nurse to remember about all these preparations, is the difficulty which patients experience in taking such dry materials when the quantity of fluid in their dietary is restricted. Consequently, the smaller the preparation can be made in bulk the more easily is it taken. The soda-mint tabloids of Messrs. Burroughs and Wellcome are an excellent form, and Pepsine and Lactopeptine are both easily administered sprinkled over a tiny sandwich of thin bread and butter; and powdered charcoal, which many of these patients prefer to the charcoal biscuits, can also be given in the same manner. It is worth remembering that it may do more harm than good to try and persuade the patient—whose mouth, like his other tissues, is abnormally dry, because of the little fluid which he is taking—to swallow dry powders or similar preparations. The attempt often causes, indeed, not only repulsion to the remedy, but actual nausea or retching, which may exhaust and weaken the patient very considerably.

It is worth considerable trouble, therefore, to find out the method in which such medicine can be most agreeably administered. It is difficult to decide this except by actual trial, because nearly every patient's taste is different. Some prefer the powder made into a soft paste with milk or coffee, others take it better in wine or brandy; others, again, can only take it concealed in jam. Some, who cannot be persuaded to take powders in any ordinary form, can be persuaded to do so when they are sprinkled on a thin slice of bread, and thickly covered with Devonshire cream. This latter preparation, by the way, is a valuable medium for administering powders and pills to children.

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