

## 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 68.)

SOMETIMES the flatulent distension of the abdomen is so great, and the consequent upward pressure on the chest cavity—that is to say, on the lungs and the heart—is so considerable, that the patient's condition becomes very grave. His breathing appears short, rapid and laboured; the pulse quick, small and very irritable; and, in many instances, the oppression arouses such nervous sensations that the patient expects to die. In such cases, the nurse must act with promptitude, and may with advantage remember that the distension is either in the stomach or in the colon. In either instance great relief is, therefore, usually given by raising the patient to a sitting posture, with the body bent forward and the back well supported by pillows. The effect of gravity causes the intestines to fall downwards, and thus relieves the upward pressure on the chest. And by rubbing the back, just below the shoulder blades, a certain amount of contractile action of the bowel is set up, the gas in the intestines is displaced, and probably eructations will occur, giving the most marked and speedy relief. Sometimes, stimulants are needed in these cases, and then it is often better to give the alcohol undiluted; but this is a matter concerning which the doctor will doubtless give distinct directions. Whenever this harmful degree of flatulence is present, special care must be taken in the regulation of the bowels, and it will be the nurse's duty to report at once any tendency to constipation.

If the quantity of liquid in the diet is much restricted, it becomes of much importance to have the amount of urine which is passed each twenty-four hours accurately measured; and careful testing at frequent intervals is also advisable—the reason for which can be easily understood. The amount of solids removable from the system will be somewhat less, of course, when the patient is confined to bed, on a restricted diet, than in the case of a person in ordinary health. But the various materials which are removed through the kidneys in any case must be excreted from the system or they will accumulate, and the body not being purified of its waste products, a form of blood poisoning will arise, and symptoms similar to those of uræmia will appear.

If, then, the quantity of urine passed is much less than the quantity of fluids taken, or if the specific gravity of the urine is not somewhat high—that is to say, if the proportionate amount of solids in the fluid is not larger than when a normal amount of urine is excreted—in either case a definite danger signal is exhibited, and measures would doubtless be taken by the doctor at once in order, so to speak, to flush the kidneys for a day or two, by means of an increased quantity of fluids in the diet, and thus to wash out of the system the solids which are probably accumulating in the tissues. In fact, this is an excellent example of the advantage of trained nursing in these cases, because careful and accurate reports on this matter are of extreme importance to the doctor in directing his treatment of the case.

In order to ascertain the points to which reference has been made, and to avoid possible errors, it is well to collect and measure the whole quantity of urine passed in twenty-four hours, and from this to take a sample for examination, especially with regard to the specific gravity. Of course, in many cases of heart disease, there is congestion of the kidneys, but this may only be temporary in its duration, and it is certainly variable, from day to day, in its extent. For example, albumen may be found on one day in considerable quantities, and on the next day may be hardly discoverable. It is therefore, necessary in many instances to examine the urine frequently, in order to ascertain to what extent the albumen is really present.

In some cases, also, sugar is found, and whenever the specific gravity is above 1030—whether this be due, as already said, to concentration of the urine or not—sugar ought always, as a matter of routine practice, to be carefully tested for. Its presence, like that of albumen, is however very variable, especially in patients who have been sufferers from gout. And, in these latter, it is noteworthy that the sugar often appears and disappears in dependence upon the varying condition of the patient's general health. This latter fact, again, is one of the greatest practical importance, because in these patients the presence of sugar means much less than when it is found in cases, for example, of ordinary Diabetes. So the rule, of frequent examinations, must be observed, in order to discover whether the sugar is persistently present, or only of occasional occurrence.

(To be continued.)

[previous page](#)

[next page](#)