

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 IV.

(Continued from page 512.)

When the symptoms of the aneurism are sufficiently clear and definite for medical advice to be sought, the disease is, as a rule, considerably advanced; and it need hardly be said that before the patient is confined to bed, and the services of a nurse requisitioned, the symptoms have usually become severe.

For example, in the cases with which we are dealing—aneurisms of the Aorta just above the heart or at the Arch—there are certain well-marked signs by which the condition is diagnosed, and concerning which, therefore, a brief explanation will not be out of place.

The first, and usually most persistent, symptom is more or less disturbance of the heart's action; that is to say, attacks of palpitation, with more or less irregularity. Remembering what has just been said, as to the condition of an aneurismal artery, it can be easily understood that the heart must be irritated by the presence in its near neighbourhood of what, to all intents and purposes, is a foreign body—a new growth pressing upon all the delicate nerves supplying the heart with nerve power and controlling its action.

Sometimes, indeed, this nerve pressure is sufficiently great to cause definite neuralgic pains, either in the cardiac region or around the chest wall. The palpitation and irregularity of the heart is sometimes so extreme as to threaten the patient's life; the heart often intermits—or suddenly stops for an instant; and, in these cases, this causes often a terrible feeling of impending death. Such patients, after several such occurrences, often say that they would rather die than continue to suffer such agonising moments.

In order to relieve this irregularity, and control the heart's action, the efforts of the doctor are naturally directed to remove the cause, that is to say, if possible to cure the aneurism. The first essential, then, it can easily be understood, from what has already been said, is to keep the patient in bed, in order to secure that absolute rest of body, and that quietude of the circulation, which shall enable the dilated blood-vessel to be closed and contracted.

Another common symptom is more or less marked shortness of breath. This may be due to one of two causes; either to pressure upon the heart, causing increased rapidity of its action, and therefore increased rapidity of the breathing; or, perhaps more rarely, to direct pressure of the aneurism upon the trachea or one of the bronchi, thus interfering with, and preventing, the free access of air into the lungs. This condition of Dyspnoea is sometimes considerable, and in its treatment we come back to the same necessity for removing the cause, and therefore of keeping the patient absolutely at rest. But when the pressure is directly upon the air passage, the shortness of breath can often be relieved, and the patient's condition improved, by administering inhalations of Oxygen, so as to increase the aeration and purification of the blood; thus lessening the amount of air which will be required by the lungs, and diminishing the terrible sensation of want of breath of which such patients complain.

In these patients, again, the nervous influence, to which attention has been directed upon several occasions, is often very marked; and therefore it becomes important for the nurse to exercise constant care and tact in preventing the patient from thinking himself even worse than he actually is.

Another and common symptom in these cases is hoarseness of, or alteration in, the voice; due to the fact that the aneurism often presses upon the nerve passing round the arch of the aorta and supplying the larynx. This hoarseness, fortunately, although a most serious symptom, rarely causes the patient the dread which other symptoms produce; and indeed is usually regarded by him merely as a troublesome incident in his complaint, and one which is due to cold or some other trivial cause. The symptom is interesting chiefly from a pathological point of view, inasmuch as it points to the precise position at which the bulging of the artery has taken place; and it is mentioned here that nurses may recognise its significance, and report its occurrence to the medical practitioner, as soon as it is observed; because, for some time, this hoarseness may be noticeable only in the morning, or at night, when the practitioner is not seeing the patient. For its treatment, it is obvious that nothing can be done directly, and that the only hope of relieving it must rest in the chance of curing the aneurism.

(To be continued.)

[previous page](#)

[next page](#)