

The Nursing of Heart Diseases.

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CHAPTER IV.

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In such cases, there are two different kinds of remedy which are usually employed, either some anti-spasmodic such as assafœtida, or some stimulant or carminative such as ginger or cloves. With reference to the former, there are no particular practical points to be noted, except that the nurse should always see that the pill in which this drug is given has been carefully varnished.

And this for two reasons; first, because its most offensive smell will be prevented, and thus the patient will not be nauseated or perhaps altogether prevented from taking it; and secondly, the pill will probably pass out of the stomach into the intestines before being dissolved, and therefore the patient will be saved the disagreeable eructations from which he will suffer for hours, or even for days, if the odour of the drug becomes freed in the stomach.

For this reason also, the pill should be given some hours after food, and whilst the stomach is empty; because then the pill will pass speedily into the intestines, whereas if it is taken with, or even shortly before, food, it may become dissolved in the stomach and will then cause the disagreeable consequences already referred to.

The best time, therefore, for giving this drug is the first thing in the morning and the last thing at night. The nurse may usefully remember the practical fact to which allusion has been made, because it is equally applicable to all drugs which are offensive in taste, and powerful in odour. *They should be given varnished, and on an empty stomach.*

There are, however, cases in which the passage of the rectal tube on the one hand, or the administration of drugs on the other, are alike insufficient; and in these the best effects are often produced by the employment of stimulating enemata; such, for example, as one containing turpentine. The object of these is not only to clear the rectum, as an ordinary injection would do, but to so stimulate its mucous membrane as to cause contraction of the intestinal canal higher up, and by this means to cause the expulsion of the contents of the colon.

In giving such a stimulant injection, in these cases of aortic aneurism, when, as we have already seen, it is of the first importance to keep the patient at rest, it is almost needless to say that special precautions must be taken to minimise the disturbance. The quantity, for example, of turpentine is usually less than is used under ordinary circumstances, and the patient must be most carefully watched, so that stimulants can be given, in case of syncope, or other restoratives employed.

For this latter reason, medical practitioners usually prefer to employ, in these cases, the various suppositories which form such a useful part of modern treatment. For example, one or two glycerine suppositories are often as effectual as a large ordinary enema; while, at the same time, their introduction obviates both the discomfort and the weakening effects caused to the patient from the employment of the latter remedy; and the exhaustion is also lessened, inasmuch as the rectal contents are less in quantity and more easily evacuated.

The action of the glycerine is due to its remarkable affinity for water; the glycerine suppository, dissolving at once in the rectum by the body heat, causes a flow of water from the blood vessels of the passage into its canal; and in fact causes the formation of a small enema. The depletion of the blood-vessels and the stimulation of the rectal mucous membrane, together set up the contractile action of the intestines which the old-fashioned enema, by a more clumsy method and by reason merely of its bulk, brings about.

A further advantage, then, of the use of these glycerine suppositories, in these cases, is that the blood-vessels themselves are, so to speak, tapped; and the circulation is therefore indirectly relieved, in order to produce the action which is required. As we have already seen, the efforts of the doctor and of the nurse in these cases of Aortic aneurism, are directed to limit and restrict the amount of fluid taken by the patient; and, therefore, the same object is attained indirectly, and even if only in a small degree, by the use of glycerine suppositories or enemata; instead of by the routine treatment of a large fluid injection, a certain amount of which would probably be absorbed by the rectal blood-vessels, thus defeating the object of the dietetic restriction of liquids, and undoing the good effects which, as we have seen, are thus obtained.

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