

The Nursing of Heart Diseases.

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CHAPTER IV.

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This course of Lectures could hardly be completed, as far as the nursing is concerned, without reference being made to a class of patients for whose assistance trained nurses are often required, although they do not suffer from any actual heart disease.

These cases are characterised by attacks of extreme palpitation, often associated with more or less pronounced faintness. The patients are generally women, although in rare cases men are also affected. They practically consist of two classes—those possessed of a highly excitable nervous organisation, and those in whom marked anæmia is present.

The former are perhaps the more difficult to treat, because of the rebellious nature of their complaint to ordinary medicinal treatment; and therefore it is in these cases that nursing exhibits better results.

These patients, then, often suffer from such extreme attacks of palpitation and irregularity of the heart that the whole body seems to be shaken by the tumultuous action of the organ, and the beating of the heart can be heard in many cases by another person sitting several feet away from the patient. The pulse is often so rapid that it cannot be counted. If the condition persists, it may progress to actual disease of the wall of the heart; but, when checked, the patient may recover so completely as to exhibit no signs of any heart affection having existed. The stethoscope shows that the sounds of the heart are abnormally sharp and clear, but very irregular; and it is very rare for any murmur to be heard.

The disease is most frequently met with in cases of nerve exhaustion, or after some severe nervous shock. The medical treatment is directed to so control the heart's action as to reduce it to the normal rate; and the nurse is generally required because in well-marked cases of the affection, medicines alone are powerless to effect any good, and it becomes essential to give the patient firm and tactful attendance.

Rest in bed is almost essential in every case. Belladonna and the bromides are the drugs most usually employed, because of their sedative

influence on the nervous system; and what has previously been said in these Lectures with regard to these drugs may be usefully referred to. But beyond all things it is essential that the nurse should exercise the greatest tact, because more good will be effected by the patient being persuaded that she will completely recover, than by all the drugs in the Pharmacopœia.

Many of these patients are painfully thin and wasted, for the simple reason that the same lack of nerve power which causes the heart trouble also affects the processes both of digestion and nutrition. Many of these cases therefore require very careful dieting; and it is in some of these cases that the best results of what is known as the Weir-Mitchell treatment have been gained; the patient being fed frequently and much; and the limbs being massaged to afford the muscles the exercise which it is impossible for the patient to take naturally.

The use of electricity, also, in many of these cases is very valuable; but no nurse should undertake to carry out this method of treatment unless she has been specially trained in the work, and is perfectly cognisant of the mode of its application. A sudden and severe electrical shock, in fact, may so alarm the patient as to cause actual harm, beyond the fact of prejudicing her against the continuance of the treatment.

As a general rule, it is well to employ a weak current, and only to use it for the muscles of the limbs. Its application to the walls of the chest or abdomen is sometimes followed by such an increased nervous irritability on the part of the patient as to accentuate the symptoms from which she had previously suffered.

With reference to the other class of cases alluded to, those suffering from marked anæmia, the cause of the complaint is more obvious, and as a rule its treatment is more effective and more easy. It is due to the want of proper blood supply to, and nourishment of, the walls of the heart itself, and therefore to an actual weakness of the organ. It resembles therefore that form of irritability which, as we have already seen in these Lectures, is very commonly met with when the heart is weakened by disease, or by actual dilatation of its cavities, or by thinning of its walls. It is therefore easy to understand that more can be done by medicine for these cases than in the first class to which reference has been made.

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