

## Clinical Notes on Some Common Ailments.

### SOME FORMS OF HEART DISEASE.

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(Concluded from page 323.)

Obviously, the first essential is rest, and this must be absolute, and, until all the signs of deficient circulation, such as swelling of the feet, have disappeared, the patient must not be allowed to get up, even to have his bed made. From the nurse's point of view, the tending of a heart case is generally considered to be rather uninteresting work, but it is certain that without skilled nursing true rest is impossible and drugs are of little avail. As a rule, it is best that the patient should be nursed in his own home, as the bustle and noise of a hospital ward are not conducive to recovery, and inasmuch as the recovering (but not recovered) sufferers have frequently to be discharged to make room for more acute cases, the advantage gained from a three weeks' stay in hospital is often undone by the excitement of his premature removal and by the visits of condoling neighbours when the patient arrives home. Both the sufferer and the nurse have to be very patient, for the results of the rest are not so apparent as in a more acute case, though they are none the less present.

But the nursing is really very difficult, far more so, in fact, than is usually supposed, and it consists in ensuring not only that the patient shall not use any muscles unnecessarily, but in removing all sources of mental worry also, and in discriminating between visitors that help and those who hinder.

The next essential is to relieve the circulation by removing anything that obstructs the return of blood to the heart; thus, we have to open the bowels and keep them acting; we encourage the skin and kidneys to act by the administration of drugs that produce perspiration and increase the flow of urine, such as acetate of potash and spirit of nitrous ether. If there is a collection of serum in the abdominal cavity, we remove it by tapping, and we can similarly relieve the swelling of the legs by drainage with small (Southey's) tubes. When the right side of the heart is in difficulties, bleeding from a vein in the arm is often useful.

But we can do more than this: there is a drug—digitalis—which acts directly on the muscular wall of the heart and makes it contract more forcibly, and also increases the flow of urine. Like all other useful remedies, it has its disadvantages, but in suitable cases its

action is very useful indeed; whenever a patient is taking it, a record should be kept of the pulse rate, and if this falls below 80, the medicine should be stopped and the physician informed. It is especially important to observe this, as the next effect of too much digitalis is to make the heart beat more rapidly, so that if the preliminary slowing be missed, the dose of the drug may be increased and poisoning result. Strychnine is also useful, especially when the aortic valve is diseased.

All the above measures are suitable while compensation is deficient—that is to say, until the signs of circulatory obstruction have disappeared. Then we have to try and establish some increased growth of the heart muscle itself, and this can be effected by a series of graduated exercises. In the so-called Nauheim treatment, this is done by making the patient move various muscles, while the attendant endeavours to prevent him doing so by carefully regulated resistance; in practice this is usually combined with a course of effervescing baths, which encourage the skin to act also.

One word in conclusion on the treatment of emergencies by the nurse. The chief of these is fainting. Here the face is pale and the patient loses consciousness, and two things are necessary—to lower the head so that the blood can more easily reach the brain, and to apply a towel or sponge wrung out of hot water to the bare skin over the heart. It is useless to waste time by giving brandy during a fainting fit, as it simply lies in the stomach and is not absorbed at all, though if administered when the patient comes round it is often useful. If the patient, however, loses consciousness, and the face is deeply cyanosed, the condition is not a fainting fit at all, and the head should not be lowered; probably bleeding will be required, or the use of some special remedy, such as nitrite of amyl, and the physician should be summoned at once.

Another alarming condition is an attack of breathlessness, and then the patient should be propped up in bed. The hypodermic injection of strychnine and atropine is often useful, while morphia suits some patients better than anything else.

Perhaps the most difficult task that falls to the lot of the nurse in cases of heart disease is to dissipate the fear of sudden death, which is almost sure sooner or later to be implanted in her by the misguided intervention of relatives, whose stock of sympathy is larger than their endowment of commonsense. Properly managed, very many patients whose hearts are more or less extensively diseased live to the allotted span, and are of service to the community.

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