

but similar results can be accomplished by meticulously carrying out the physician's instructions regarding the degree of rest which he has outlined. A crippled heart, like a broken arm, is visible to the trained physician, whose skill is supplemented further by X-ray, fluoroscope, electrocardiogram, and other improved laboratory tests. The régime should be carried out minutely, and no exceptions should be made without the doctor's approval. Deviation from this rule by well-meaning but misguided individuals may result disastrously. Proper observance of the rest programme may mean the difference between hopeless invalidism and a useful life, as the keystone of therapy in rheumatic heart disease is prolonged rest in bed, and supervised and adequate convalescent care, with activity resumed gradually under careful supervision of the doctor.

Rheumatic heart disease is a generalised disease in which every tissue in the body may be involved. The early acute manifestations are as a rule in the joints, but the later more serious effects are on the heart. Often in the young child the joint changes are absent, and the cardiac condition may be the first indication of the disease.

Signs and symptoms of rheumatic heart disease should be observed with care. If a child previously healthy becomes excessively tired, dyspneic after normal activity, loses weight, has growing pains, swollen painful joints, St. Vitus dance, fever, epistaxis, or frequent colds, he should be taken to his doctor for a thorough examination. It may *not* be rheumatic heart disease, as there is not a single sensation associated with real heart disease which may not be caused by some other disorder; but, on the other hand, it may be heart disease, and only the doctor can determine this. Our work is to be on the lookout for these signs and symptoms with the same vigilance as in tuberculosis, and to get the child under medical care and treatment as soon as possible, as "early discovery may mean early recovery."

An opportunity to observe acute and chronic cases of heart disease in the hospital and out-patient department, under the doctor's supervision, and the further opportunity of follow-up nursing visits in the homes of these patients are invaluable experiences. The importance of this service was demonstrated in the results obtained by the cardiac home-nursing programme developed by the San Francisco Visiting Nurse Association in co-operation with the San Francisco Heart Committee. In becoming familiar with the signs and symptoms of heart disease, the threefold method of diagnosis, and the classification of heart disease, the nurse acquires definite skills which will help her to interpret the doctor's instructions to the patient with knowledge and understanding. She is thus enabled to give valuable help, and frequently to assist the patient in making changes and adjustments in his home environment; for example, to assist when necessary to move the patient to a more suitable location in order to prevent strenuous stair and hill climbing. As one of our eminent cardiologists has said, "The work of the public health nurse in maintaining an educational contact with rheumatic heart disease patients never ends. A short period of neglect may undo years of careful work."

Information regarding the availability of literature and pamphlets, and other materials on heart disease prevention, including the classification of heart disease, which was revised recently by the American Heart Association, may be obtained from your nearest heart association. There are two local Heart Committees in California at the present time; one in Los Angeles, and one in San Francisco. The California Heart Association is located at 45, Second Street, San Francisco. The Heart Association will be glad to furnish additional information on request concerning any phase of its programme and the type of service it can make available to you. The California Heart Association also maintains a library of books on the clinical and public

health aspects of heart disease. Limited space prevents the inclusion of a lengthy reading list, but at least a few of the many available books may be mentioned, books which the nurse will find interesting and which she can place with safety in the hands of a patient with heart disease without fear of aggravating his cardiac condition. Following are four such books:—

That Heart of Yours. S. Calvin Smith, M.D.
Living Along with Heart Disease. Louis Levin, M.D.

Taking Care of Your Heart. T. Stuart Hart, M.D.
What You Should Know About Your Heart. Harold E. B. Pardee, M.D.

SUMMARY.

Although the etiology of rheumatic fever is still unknown, we know that it has a tendency to recur and to injure the heart more seriously with each recurrence; that prolonged and supervised rest is essential, and that patients with rheumatic heart disease should be given the benefit of early vocational guidance.

The need is stressed of being familiar with the acute and chronic aspects of rheumatic fever, with the three-fold diagnosis, and the recently revised classification of heart disease. Sources of heart disease literature and other materials are indicated above, and a short bibliography is included.

THE HOME OF HOPE.

The strong note of hope in the words of Sir Ian Fraser, M.P. (Chairman of St. Dunstan's), in the twenty-fifth annual report, should inspire those who have already been called upon to sacrifice their sight for the salvation of their beloved country with further valour. No greater sacrifice can be demanded of any man.

Sir Ian knows from personal experience the extent of such sacrifice, and that inspires his life's work for sightless men. It is well to read in this Report:—

"The young men who have lost their sight in this war are conquering blindness. They have youth, adaptability, and courage. We have great experience to help them. . . . I have been with blinded men for 24 years now, since I lost my own sight on the Somme in 1916, and knowing how in the atmosphere of St. Dunstan's we recovered our nerve and our spirit, and how as the years passed by my 3,000 comrades of the old war came back to life and normality and activity, I may perhaps be considered to have got used to blindness—to have become tough about it.

"I confess to the most poignant heartbreak in the presence of these boys, and more particularly when they show such a zest for life and an interest in their surroundings and outlook. Just as our soldiers, sailors and airmen are showing in the face of the enemy the same dauntless spirit as their forefathers, so these new St. Dunstaners are entering upon their life-long battle with blindness in the spirit of the men of the Great War. St. Dunstan's is a house of hope; blindness an opportunity."

Making Good.

Sir Ian Fraser gives details of some of the newly war-blinded men, not mentioning names, "as they would not like it." A private of the Black Watch, aged 21, was blinded by fragmentation from a hand-grenade when holding the line on the Franco-Belgian frontier. He was a coal miner in a Scottish pit, and one of the first militiamen to go to France. His father served in the last War, and two brothers await calling-up notices. He is learning typewriting, and "I think I shall manage it, too," he told Sir Ian Fraser with confidence and a determination to succeed.

A Yorkshire lad, aged 21, serving in the Lancashire Fusiliers, was blinded by a bomb explosion in the region

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