

After the acute symptoms have subsided, and the temperature has returned to normal, it is customary to administer the tincture of the perchloride of iron, well diluted, thrice daily for three or four weeks. The bowels must be kept active during this stage, and great care exercised that the patient be not exposed to the dangers of a recurrence of the renal difficulty.

Unfortunately, many cases of kidney disease have no appreciable acute attack, and when the physician and the nurse are summoned the malady is so far advanced that little else can be done than to palliate symptoms as they arise and make the patient as comfortable as possible. The treatment and nursing of chronic diseases of the kidneys, therefore, is practically the treatment and nursing of the various complications arising from the disturbances of the functioning of other organs. Some of the most common of these complications will now be considered.

*Ascites*, or abdominal dropsy, is but a part of the general anasarca, though it may appear before there is any marked oedema elsewhere. When the fluid secreted by the peritoneum is so large in amount as to interfere with the movements of the diaphragm, the patient will complain of shortness of breath, and find most relief when sitting erect or standing. Brisk cathartics are here indicated, and there is perhaps none better than elaterium. If the dropsy becomes excessive, it may be necessary to perform paracentesis of the abdominal wall and draw the fluid with an aspirator.

*Hydrothorax*.—This, like the ascites, is a local manifestation of the general dropsy and subject to the same treatment. If the pleuritic effusion is excessive, pressing the lungs upward, and the heart out of place, it will be necessary to aspirate. Blistering, diuretics, diaphoretics, and cathartics may do much to reduce the amount of fluid in the thoracic cavity.

*Hydropericardium*.—Accumulation of fluid within the sac which encloses the heart is an exceedingly fatal complication. It calls for most active catharsis and diaphoresis. The sac has been punctured for this condition, but it is an exceedingly delicate operation.

*Oedema of the Lungs*.—This usually occurs in every case, and may be the immediate cause of decease. It is directly due to the hydræmic condition of the blood and to cardiac weakness. The symptoms of this serious complication are extreme dyspnoea, cyanosis and shallow respiration. Nitro-glycerine and other cardiac stimulants are called for. Counter-irritation to the chest-wall is also in order.

*Oedema of the glottis*, is a sudden and dangerous symptom, and must be treated promptly either by scarification of the oedematous tissues, by tracheotomy or by intubation. If the patient

shows great difficulty in inhaling air with no increased difficulty in expiration the nurse must sound a note of warning.

*Oedema of Lower Limbs*.—This being easily seen by the patient is often the cause of much concern and anxiety. Bandaging the limbs will relieve his mind somewhat, and do no harm. The practice of puncturing the integument to drain off the excessive accumulation of serum is not to be recommended.

*Asthma*.—Attacks of difficult breathing may be the first symptoms of kidney disease. These attacks appear very much like ordinary asthma, and are due to the presence of effete materials circulating in the blood and irritating the nerve-centres presiding over the function of respiration. An attack usually comes on in the evening before bedtime, and may last for three to six hours. During the daytime there is, at first, entire freedom from the asthma. This condition is apt to be followed by pleuritic effusion when the dyspnoea becomes permanent. For the asthma we may give nitro-glycerine, and of course make use of the remedies directed to the general condition. A dose of pilocarpine may give prompt relief.

*Dyspepsia* is likely to complicate all forms of kidney disease. It is caused in part by the effete materials irritating the central nervous system and hence the gastric nerves, and partly by the effort of the gastric cells to eliminate the waste matter that should be removed by the kidneys. This complication will severely tax the patience and skill of the nurse, but she will find that after a sweeping discharge from the bowels, produced by sufficient doses of elaterium, the gastric symptoms will be greatly ameliorated.

In addition to the above there are many other complaints associated with chronic Bright's disease, such as eczema, headache, insomnia, jaundice, oedema of genitals, cerebral hæmorrhage, uræmic blindness, peritonitis and uræmia. Promote elimination of waste products is the key-note of treatment in these complications.

A patient suffering from advanced Bright's disease presents a most pitiable spectacle, and taxes the knowledge and endurance of the nurse to the utmost. As there is nearly always severe dyspnoea the patient may wish to be fanned constantly. He is likely to be very restless and fretful, and cannot sleep long at a time. In many cases the insomnia is so persistent that the only way to ensure relief and sleep is by hypodermics of morphia.

The end may come suddenly while the patient is perfectly conscious, but often there is a stage of coma due to the accumulation of waste products in the blood, and this grows deeper and deeper until death closes the scene.

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