

usually manages not to hurt himself in the process.

The diagnosis of the causes of fits hardly comes within the scope of this article, but it is important that the nurse who sees the patient when the physician is not there, should make every observation which is calculated to help him in deciding what is to be done for the relief of the patient.

Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Mabel Fenn, Royal Infirmary, Glasgow, for her article printed below on

WHAT ARE THE MOST IMPORTANT POINTS IN NURSING CASES OF ANÆMIA AND WHY?

Anæmia or want of blood may be divided into two classes. It may be due to a severe loss of blood, subsequent on an accident or a hæmorrhage, or it may be due to the blood being poor in quality. This latter form of anæmia is very prevalent among women and girls, and is characterised by the patient having remarkably pale lips, gums, and skin.

One of the most distressing symptoms of anæmia is constipation, and the nurse in charge of an anæmic patient should pay close attention to this point. Mild purgatives could be frequently administered, and massage of the bowel proves of great benefit in promoting peristalsis.

Loss of appetite is also another marked characteristic of the disease, and in dealing with this symptom, a nurse has often great difficulty; not only is there the disinclination for food to contend with, but it usually happens that an anæmic patient is also a dyspeptic. The diet, therefore, should not only be of a blood-forming nature, but should also be light and easily digested, and served as temptingly as possible.

Should there be a marked increase of adipose tissue noticed, it should not be regarded as a sign of improvement, for it is often indicative of the absence of oxygen-carrying properties in the blood. Instead of being carried to, and used up by, the various tissues, the fat accumulates.

In nursing a case of anæmia great care should be exercised to prevent bed-sores. Whether the patient is emaciated or not, the poor condition of his blood should always be held in mind, and even slight pressure, with a case of this kind is apt to occasion local anæmia, or bed sore.

It is also on account of the poorness of the

quality of an anæmic patient's blood that he almost constantly has cold feet, and the nurse should always see that this is remedied by means of hot bottles or their equivalents.

Owing also to the impoverished state of the blood a patient suffering from anæmia is very apt to become infected by vermin, and on this point of course a nurse cannot be too careful.

In long-standing cases of anæmia, a nurse should be most careful in the management of her patient. Sometimes the blood is of so poor and thin a quality that with rough handling a hæmorrhage might quite simply be brought about.

The patient should be kept resting as quietly as possible, for breathlessness and palpitation are symptoms of anæmia, and these might be brought on by any undue exertion or excitement.

The patient, who is generally feeble, listless, and disinclined for exertion in any form, should, especially on sunny days, be persuaded to take a little out-door exercise once a day at least, and as the treatment of anæmia sometimes extends over many weeks, a change of air, of interests, and of surroundings often proves most beneficial.

We highly commend the papers by Miss Jessie Wachter, Mrs. Phillips, Miss E. F. Moakes, Miss F. Sheppard, Miss H. Gibson, and Miss P. Roberts.

Miss E. Moakes emphasises the importance of keeping the mouth clean, and ascertaining that the teeth are in good condition. Also that "meals should be frequent to prevent the patient becoming exhausted before the last supply is gone, as long intervals often bring about faintness. A cup of tea made with milk, or a glass of milk with or without brandy should always be given before rising."

Miss J. Wachter writes that "plenty of fresh air and sunlight are required, the patient must not wear tight corsets for fear of proptosis. This, by the way, may be the primary cause of the anæmia."

"Loss of blood from any cause such as hæmatemesis, epistaxis, etc., must be treated at once, or the already debilitated patient may get brain anæmia. Directly the hæmorrhage ceases rectal salines are most useful, one of two pints may be given, and repeated in an hour. It is also advisable to raise the foot of the bed, open the windows, give fluid by mouth (unless gastric trouble is present), and bandage the limbs. Pernicious anæmia is a very bad form. Arsenic seems the most useful drug, while bone marrow seems to do good.

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