

shirt must be changed when wet with perspiration, and careful attention paid to the skin, on account of its lowered vitality and liability to bedsores, especially in severe oedematous cases. Position in bed should also be considered, it being usually better for the patient to sit up, warmly clad, for a part of the day if the dropsical condition is likely to affect the brain, heart, or lungs.

The object of treatment is to lessen the work of the kidneys as much as possible, and to hasten the return to normal conditions by the increased activity of the skin and intestines in the elimination of waste and poisonous products.

The kidneys should be flushed out with copious draughts of water or diluent drinks, such as barley water, whey, or buttermilk. The diet must be light and easily digested; entirely milk, with barley or soda water, followed in convalescence with farinaceous foods, fish, and bacon. Eggs, butcher's meat, and stimulants should be avoided, though fat, in the form of cream, butter or fruit salads, may be permitted later. A regular action of the bowels is important. Saline purgatives, such as sulphate of magnesia, which cause watery evacuations, are the most useful. Diuretic and diaphoretic drugs may be ordered to increase the amount of urine and induce sweating of the skin.

It is important that the urine be accurately measured and recorded on a urine chart, the quantity being reckoned for the twenty-four hours. The specimen for testing should be taken from that passed early in the morning. The nurse may be required to test for albumen. Various tests are used, heat and acetic acid being most commonly employed, the boiling coagulating the albumen if present, such being converted from a transparent liquid to an opaque substance at the point of contact with the acid medium. It is necessary to keep test-tubes and receivers for urine scrupulously clean, any smell of stale urine being obviated by rinsing them out with carbolic acid solution. Every nurse should be acquainted with the simpler tests and method of routine in testing urine, so it is unnecessary to give the procedure in detail here.

Hot baths are very helpful in promoting the action of the sweat-glands of the skin, and by increasing the blood supply to the skin, thus diminishing the amount of blood passing through the kidneys, and giving them a better chance of recovery. The patient should remain in the bath from five to ten minutes, the temperature being raised and kept from 104° F. to 110° F. The patient should afterwards be placed in bed, rolled in hot blankets, and given

cold water to drink, which induces perspiration. After the stated time, the patient should be carefully dried, clothed in warm, dry garments, and put comfortably to rest.

The dry pack is another useful form of inducing perspiration. Whatever method is employed, the nurse must carefully watch for signs of faintness or prostration, as the treatment is always exhausting to the patient.

To recapitulate, the chief nursing points are warmth and protection from chill, careful attention to state of bowels, and measuring and testing urine; to watch carefully for the development of graver symptoms indicating uræmia, and to strictly adhere to the prescribed diet and administrative treatment, such as drugs, baths, and counter-irritants, such as cupping, which may be directed by the medical practitioner.

HONOURABLE MENTION.

Many of the papers this week were excellent. The following competitors receive honourable mention: Miss Marie McGrath, Miss Hannah Scott, Miss S. Simpson, Miss A. D. Fairbank, Miss A. L. Clarkson, Miss M. A. Edge, Miss Emily Marshall, Miss A. Dyer, Miss M. McIntosh, Miss A. O'Donaghue.

Miss McGrath says: "The first thing to do is to put your patient between blankets; also a flannel nightshirt; there should be not less than two (well-protected) hot-water bottles in the bed. Ordinary diet must be stopped. The nurse ought to bear in mind that it is absolutely essential for the patient to have plenty of fluids to flush the kidneys. No beeftea or animal extract should be given, but milk, lemonade, barley water, and as much plain water as he likes to take. Aperients will be ordered. Then we must get an increased action of the skin. We understand, of course, that owing to the inflammation of the kidneys they cannot do their work, so we get the skin to help us in the process of excretion. Hot baths and hot packs are the most popular means of accomplishing this. The bath should be about 100° F. to 105° F. when the patient is put in, and gradually increased to 110° F. A blanket should be placed over the bath, and the patient be given a hot drink. The bath should last about twenty minutes, and the nurse must be careful to notice the pulse, and also to watch if the patient feels faint, and if so, to take him out at once, and put him between warm blankets."

Miss M. A. Edge points out that "the patient is pale and drowsy; the eyelids, feet, and ankles are often puffy, although dropsy may be entirely absent. Sometimes puffiness of the eyelids is the first symptom noticed, the feet

[previous page](#)

[next page](#)