

OUR PRIZE COMPETITION.

WHAT PREMONITORY SYMPTOMS WOULD CAUSE YOU TO SUSPECT THE ONSET OF ECLAMPSIA? WHAT FEATURES DOES THE DISEASE PRESENT, AND HOW WOULD YOU DEAL WITH A CASE PENDING THE ARRIVAL OF A DOCTOR?

We have pleasure in awarding the prize this week to Her Royal Highness Princess Arthur of Connaught, 42, Upper Grosvenor Street, London, W. 1.

PRIZE PAPER.

WARNING SYMPTOMS.—If these symptoms could be detected before the onset of the fits it would be of the greatest help, as it would enable the patient to have treatment which would probably prevent the threatened attack. In most instances there are warning symptoms, while in other cases the eclamptic convulsion may occur quite suddenly without any warning at all.

The first symptom is that of general poisoning of the system, and is to be apprehended when a woman passes urine containing albumin which has previously been normal. The urine shows characteristic changes, the quantity is usually diminished, and it is full of albumin.

The patient complains of a severe headache, chiefly in the frontal region; also of puffiness of the eyelids, and flashes of light in front of the eyes, giddiness, drowsiness, mental depression, and there may be epigastric pain and vomiting.

In some cases the patient becomes suddenly blind, after which the fits come on all at once.

The oedema becomes more apparent, especially about the legs and vulva.

DEFINITION.—Eclampsia is a very serious condition arising in pregnancy due to toxæmia. It is a term which is applied to attacks of convulsions which somewhat resemble epilepsy, but which only occur in pregnant women, and are probably due to pregnancy.

"Eclampsia" means "fits," and these fits are the most striking feature in the disease when it is fully developed.

It is not common, but about one in every five cases proves fatal. It generally results in the death of the foetus, which is caused by asphyxia, owing to interference with the flow of maternal blood to the placenta.

The primagravida is more liable to this complication.

THE ECLAMPTIC CONVULSION.—The fit begins in the face. There is a slight twitching of the eyelids and rolling of the eyes. Then there are movements in the hands, and a violent twitching all over the body.

The patient is rigid, owing to the spread of muscular contractions, after which the rigidity passes off and the muscles are thrown into convulsions.

The cyanosis may continue throughout the attack.

If during the relaxations following the fit the urine is secreted and unconsciously passed, a specimen ought to be saved for the doctor, as it may not be easy to procure one later on.

The fits occur at short intervals; the patient does not recover consciousness between them, and they are followed by a state of coma.

The tongue may be bitten.

The temperature rises and the pulse is strong. When the fits are frequent, the temperature rises to 104 and 105 degs. A high temperature is a very bad sign.

After delivery these fits are generally absent, but this is not always the case.

Cæsarian section is scarcely ever performed for eclampsia, but it has been performed with the hope that if the uterus is emptied the fits may be terminated.

TREATMENT (before the arrival of a doctor).—All that the nurse or midwife can do before the doctor arrives is to render first aid.

If she has noticed the symptoms of the pre-eclamptic stage she will already have sent for the doctor, but if the convulsions come on without warning, she must send for him without delay.

The patient must never be left, and she will need careful watching.

Restrain the patient from injuring herself by falling out of bed or knocking herself, but without using force.

To prevent the tongue being bitten a suitable gag must be put between the teeth. One can be made quickly by wrapping a piece of cloth round a spoon, and this ought to be put in the mouth as soon as the fit is beginning.

Remove false teeth. Place a pillow beneath the head. Keep the head turned to one side, to allow the saliva to run out of the mouth, so that none may enter the respiratory passages.

Loosen all clothing, especially about the neck and chest. While the patient is unconscious neither food, drink, nor medicine is to be given by mouth, as it will probably find its way into the lungs.

It is better not to move the patient at all, as undue handling will cause her to have more fits.

When there is delay in obtaining medical assistance, 5 gr. calomel may be given, crushed up and mixed with a little butter, and put carefully at the back of the tongue.

If the patient recovers consciousness she should be given a strong purge, and as much

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