

OUR PRIZE COMPETITION.

DESCRIBE THE CAUSES, SYMPTOMS, AND NURSING OF PHLEGMASIA DOLENS.

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

Phlegmasia Dolens is the condition resulting from the formation of a blood-clot in a large vein, usually in the left leg, though both legs or the arms may be affected, and it has a tendency to spread from one limb to the other.

Causes.—Accidental injury to the blood-vessel, during operation, or by disease; on the entrance of air or bacteria into a blood-vessel, as these cause rapid destruction of leucocytes and blood plates and consequent production of thrombin. That form of phlegmasia dolens known as *white leg* may occur in both sexes and in non-pregnant women; but most frequently it is one of the results of the peculiar condition of the blood in pregnancy or during the first fortnight of the puerperium. It consists in the obstruction of the femoral vein by a blood-clot, and appears to be due to too early exertion after parturition, exposure to cold, and a poisoned state of the blood. It is a local expression of septic infection.

Symptoms.—Fever, the temperature rising to 101 deg. or 102 deg.; rigors, headache, weak and rapid pulse; constipation and serious constitutional disturbance; often great thirst, and severe pain in the affected limb. The pain may begin in the calf of the leg and spread upwards into the abdomen, or the reverse may be the case. The calf of the leg may swell suddenly and, with the front and the inner side of the thigh become acutely tender to the touch. The swelling first appears where the pain is; abdominal pain causes swelling in the vulva, groin or buttock; pain in the leg will result in swelling there. The whole leg may swell up in a few hours to twice its normal size; the veins become hard and cord-like and the skin over them reddens. The swelling in *white leg*, unlike dropsy, does not *pit* when pressed by the finger, but is white, shining, hard and firm. In some cases suppuration of the glands of the groin occurs.

Nursing.—Absolute rest is indicated. The limb should be wrapped round with gamgee tissue on which laudanum may be sprinkled to relieve the pain. It should be supported in an easy position by air cushions or small pillows, and a cradle placed over to protect it from pressure. The patient must not be allowed to sit up. These cases are often long and tedious; the symptoms may subside after a few days or

may persist for weeks, and even months, the *wooden* feeling in the leg may continue long after the swelling has disappeared. Suppuration in the leg or joints, with consequent blood-poisoning and exhaustion may cause death. The condition is one of great danger, as it may terminate fatally at any moment unless every precaution be taken to avert accident. The chief danger is the breaking up of the clot and a detached portion being carried to the heart where it may become arrested, increase in size by fresh deposit upon it from the blood, and so cause death by stopping the heart's action. This is *cardiac thrombosis*. Or a fragment of clot may be carried from the femoral vein, pass through the heart and block up the blood-vessels of the lungs, thus causing death from asphyxia. This is *pulmonary embolism*. In *cardiac thrombosis* the face appears pale and death-like, the pulse labouring, the breathing hurried and difficult. In *pulmonary embolism* the face becomes purple from the stagnation of blood in the veins, the patient gasps for breath and may die in a few minutes, or even seconds, through suffocation. In less severe cases the patient has rallied and recovered by the timely administration of sal volatile and brandy in repeated small doses. But inability to swallow may make this treatment hopeless. It is therefore of vital importance that remedies should be ready for instant use, and that the patient should never be left for one moment unattended until convalescence is established.

A light and nourishing diet should be provided, with special regard to the prevention of constipation.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mildred M. Comer, Miss Henrietta Ballard, Miss L. K. Clarke, Miss J. Evans.

Miss Comer writes that treatment consists in complete rest in bed. The limb must be kept very still. Raise on pillows, wrap in wool to keep up warmth, and place sandbags on either side; raise bed clothes by means of a cradle, but keep leg warm. No movement should be made voluntarily until fourteen days after cessation of pain and swelling. The bowels must be kept freely open and patient's strength maintained by nourishment and such stimulants or drugs as are ordered by the medical officer. Relief of pain may be effected by hot fomentations or painting line of vein with tincture of belladonna.

QUESTION FOR NEXT WEEK.

What do you know of summer diarrhoea, its causes, treatment, and nursing care?

[previous page](#)

[next page](#)