

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL DISEASES OF THE URINARY SYSTEM, AND THE NURSING POINTS YOU WOULD OBSERVE IN CARING FOR PATIENTS SUFFERING FROM THEM?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Bermondsey Hospital, Lower Road, Rotherhithe.

PRIZE PAPER.

PRINCIPAL DISEASES OF THE KIDNEYS.

Inflammation of the kidney, or nephritis, is one of the most common of kidney diseases, and is caused by specific fevers, exposure to wet or cold, or may be a complication of pregnancy. Urine is often much suppressed, and waste fluid, instead of being excreted, gets into the superficial tissue, and œdematous swellings of extremities and face may be the first symptom.

Nursing Points.

Warmth is most essential; patient must be clothed in wool or flannel, nursed between blankets, and given plenty of well protected hot water bottles around him. The room must be kept at a warm, even temperature and no draughts.

Diet.—Diluted milk, imperial drink and soda water must be given; if restriction of fluid is necessary owing to much œdema, gruel or arrowroot may be given instead.

Urine must be measured and tested daily for blood, albumen and pus, and a specimen put up in "Esbach's" to obtain correct amount of albumen each day. A urine chart must be kept.

Aperients producing watery stools and diaphoretics will be ordered freely.

Pain may need relief; poultices or fomentations to lumbar region may have desired effect.

Skin action must be increased; hot baths, packs and drugs such as pilocarpine will be necessary.

Vomiting may be very persistent and may be relieved by Sod. Bicarb. or other drugs ordered.

*Bedsore*s must be prevented, especially on œdematous parts. Temperature, pulse and respiration taken and noted regularly. Pulse may become hard and tense, and respirations slow and heavy, indicating convulsions or other complications.

Chronic Nephritis may be present for years, and treatment will not be so rigid as in acute conditions. Urine may not be scanty and albumen may vary very much in amount, and diet have little effect on condition.

Uræmia may follow nephritis, and symptoms of severe headache, drowsiness and defective vision must be taken as serious indications. They may result in convulsions which closely resemble epilepsy, during which the patient must be protected from hurting himself and from biting his tongue. The action of skin must be increased and drugs or chloroform may be necessary to control the fits.

Growths of tubercular or malignant origin may be present in kidney, and surgical interference may be necessary.

Calculus or Stone in kidney is marked by very severe pain with rigors, vomiting and profuse perspiration. Drugs such as morphia may be necessary to relieve the agonising colic, or local applications or hot baths according to severity. Removal of stone or kidney will give permanent relief.

DISEASES OF BLADDER.

Cystitis or *Inflammation* of the bladder may be a complication of other disease; it may also be caused by infection from without by dirty catheters or instruments, or may be the result of chronic disease or the presence of a foreign body.

Chief Nursing Points.

Rest in bed, liquid diet, and local treatment.

Washouts will be given of either Boracic lotion or Permanganate of Potash; the catheter may have to be passed at regular intervals, and the urine must be measured and tested as in kidney conditions.

Drugs.—Aperients and Urotropine may be ordered. If infection is due to gonorrhœal infection more drastic treatment will be given.

Stones in bladder may cause blockage of ureters or urethra and must be either removed or crushed under an anæsthetic. The lining mucous membrane of vessels or organs may be injured by their passage and cause increased pain.

Temperature may be high in bladder infections. Rigors and severe headaches are very distressing and the patient needs careful nursing to prevent any further infection occurring.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. A. Noblett, Miss Rachel Dodd, Miss M. Jenkins, Miss G. Todd, Miss F. Jones.

QUESTION FOR NEXT WEEK.

How would you deal with a case of suspended animation after submersion in water?

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