

## OUR PRIZE COMPETITION.

### DESCRIBE A CASE OF ACUTE NEPHRITIS: THE CAUSES, SYMPTOMS, AND NURSING CARE.

We have pleasure in awarding the prize this month to Miss Violet Ventris, S.R.N., R.F.N., Certified Midwife, Meath Street, Battersea Park Road, S.W.11.

#### PRIZE PAPER.

*Acute nephritis, or acute Bright's disease*, so named because the first descriptions of it were written by Dr. Bright, of Guy's Hospital, in 1827, is acute inflammation of the kidney.

It is a disease with an interesting history but there is still a great deal to be discovered as to its causes.

Sometimes it is caused through exposure to cold and damp, and a severe wetting may result in an attack. It is also a common complication of scarlet fever, but a later theory is that it is more common among people whose work causes them to inhale rock-dust. This rock-dust or silica is a chemical poison, and its effect on those who are constantly breathing it is to make them more liable to attacks by germs, and we find mine-workers, knife-grinders, file-makers, &c., are very liable to tuberculosis, and they are also specially liable to Bright's disease.

*The symptoms* are symptoms of poisoning by the body's own waste-matter. Each kidney is composed of an immense number of little cells whose business it is to pick out of the blood various impurities which are present in it and to deposit them in the tubules, down which they are washed into the pelvis of the kidney, and so by way of the ureter to the bladder. Anything which interferes with the working of these tubules will tend to diminish the quantity of urine that is passed.

Sometimes the most noticeable symptom is headache, at other times shortness of breath. The patient has pain over the loins, and his face is usually swollen in a peculiar way. The skin under the eyes is "baggy," the eyes are watery and the tongue is dry. The urine is dark in colour and may be very dark indeed owing to the presence of blood in it. In some cases it may be merely "smoky," but in any case it must be tested by some trained person. In some milder cases albumen in the urine may be the first symptom. As the illness progresses the oedema spreads all over the body and the urine is reduced in quantity until sometimes only a few drachms are passed in the twenty-four hours.

If the disease takes a favourable course these serious symptoms pass off gradually and the patient is left with only a trace of albumen in his urine; if the serious symptoms persist the patient ultimately falls into a condition of uræmia, or dies of some complication such as pneumonia.

The onset of uræmia is frequently indicated by twitching of the face, drowsiness, persistent headache and vomiting, followed by convulsive attacks which end in coma, and this may quickly prove fatal unless the patient is relieved by treatment.

*In the nursing care of a case of acute nephritis* the one object is to lessen the work of the kidneys as much as possible, since the tubules of these organs being blocked

by the products of inflammation, are able to do very little work.

At the same time a good deal of strain is being put upon the heart, and it is therefore necessary to keep the patient absolutely at rest. The patient must be kept in a warm room and carefully shielded from all draughts, warmth and freedom from chill being two most important points in the nursing care. He should be clad in flannel and placed between blankets.

The surface of the body should never be exposed when he is washed, and the bedpan should be thoroughly warmed before being placed under him. The doctor will restrict him to a milk diet, the bowels must be opened freely every day, and the skin encouraged to act by means of drugs and the various forms of hot bath. In cases where little urine is being passed and uræmia is impending, pilocarpine is sometimes injected subcutaneously, this being a drug which induces profuse sweating, or the patient is placed in a hot-air or vapour bath.

Drugs are of little value in this complaint, except perhaps bicarbonate of soda, which in occasional doses of ten or fifteen grains often affords benefit, and natural alkaline waters are frequently given with good effect.

The chief points in the nursing care are to keep the patient warm and protected from the slightest chill, to see that the bowels are open every day, to measure the urine, since a diminution in the quantity passed shows that the patient is losing ground, and to watch carefully for the first symptoms of uræmia even in mild cases.

The nurse must also remember that kidney disease often has an effect upon the eyes, and in all cases of suspected Bright's disease doctors carefully examine the eyes.

In some instances a sudden loss of sight in one eye is the first indication that the kidneys are diseased.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Beth Kennedy, S.R.N.; Miss M. James; Miss P. Thompson.

Two excellent papers this month were those of Miss Ventris and Miss Kennedy, each emphasising special and valuable points. The fact that Miss Kennedy has been awarded the prize twice in succession, turned the scale in favour of Miss Ventris.

Miss Kennedy writes:—"The causes of Nephritis are exposure to wet and cold, Scarlet Fever and Turpentine Poisoning. The Symptoms are: 1. Headache; 2. Vomiting; 3. Puffiness of eyes and face, especially in the morning on waking; 4. Oedema of ankles, legs, and lumbar region (called "renal cushion"); 5. Pain in lumbar region; 6. High temperature and quick pulse; 7. Loss of vision—optic neuritis, and retinal hemorrhage; 8. Diminished urine and pain on micturition; 9. Presence of albumen and blood in urine, and casts on microscopical examination.

#### QUESTION FOR NEXT MONTH.

Describe a typical case of pneumonia and its nursing care. How may it be complicated?

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