

OUR PRIZE COMPETITION.

WHAT IS MEANT BY ECLAMPSIA? GIVE THE CAUSES, AND STATE HOW YOU WOULD NURSE THE CASE.

We have pleasure in awarding the prize this month to Mrs. Firth Scott, F.B.C.N., Winterbourne Monkton, Swindon.

PRIZE PAPER.

Eclampsia may be defined as a condition of nervous instability in which the patient suffers from epileptiform convulsions. It is caused by kidney trouble, is invariably associated with albuminuria, and is most commonly seen in pregnant women. Eclampsia is, in fact, one of the most serious complications of pregnancy and the prognosis for mother and child is always very grave in such cases. Every Nurse or Midwife engaged to attend a Midwifery case should obtain a clean specimen of urine for examination when she first examines her patient and again towards the end of the pregnancy. If albumin is found to be present, the patient must consult a doctor and he will order such treatment as may be possible to ward off attacks of eclampsia. It would appear that in some women the kidneys are not sufficiently healthy to stand the extra strain placed upon them by pregnancy, and toxins which would normally be filtered, through the action of the kidneys, escape into the blood stream and a condition of renal poisoning comes about.

Nursing a case of eclampsia is a severe strain on the Nurse, for her vigilance can never be relaxed—at any moment the patient may be seized with a convulsion and fall insensible, inflicting serious injury perhaps on herself and the unborn child. If possible get the patient on to a bed, or on the floor, on her left side and the face in such a position that fluids will drain out of the mouth, roll a spoon or piece of wood in a handkerchief and place this between the teeth to prevent the tongue being bitten. Do not use force in restraining her movements more than is unavoidable.

The doctor may have ordered croton oil (2 m.) or Calomel (2 grs.) to be placed on the back of the patient's tongue. If possible obtain sample of urine immediately the fit is over so that the amount of albuminuria present can be estimated. When the fit is over the patient must be put to bed in a quiet, airy room, and encouraged to sleep if possible.

The diet will be ordered by the doctor, but is almost invariably very light and nourishing, and includes fresh fruit and barley water.

In these cases it is frequently necessary to end the pregnancy as soon as possible and the ordinary methods of induction will be carried out by the doctor. The nurse must be prepared to deal with a premature baby, and have everything in readiness for possible emergencies. Hot water bottles (*carefully* covered to prevent burns) will certainly be needed—also a good supply of sterile water and normal saline. Olive oil and cotton wool may be wanted if the baby is premature instead of the regulation baby clothes.

If the patient's condition allows she can be prepared in the ordinary way for labour, but if she is passing from one fit to another as little must be done as possible.

It sometimes happens that a woman of a very nervous type may suffer from hysterical seizures in which she

will apparently fall down unconscious. But it is easy to differentiate these nerve storms from eclampsia if the eyes are examined. In hysteria there is *not* unconsciousness and if the nurse attempts to touch the white of the eye (with a clean finger) the eyelid will blink and close. But in eclampsia there is no reflex, the eye remains open and the patient is unconscious of light or contact.

A well-trained Nurse can be of invaluable help to every expectant mother, and by her wise and enlightened advice, she may save her sisters from much suffering. To the trained observation symptoms, which might be passed unnoticed by others, carry their warning message. It may be that she notes her patient's eyelids are "puffy" looking, or her sight may seem bad, she may be unduly sick, or breathless. Then the careful nurse will advise her to get the urine examined. If there is albumin present a doctor must be consulted without delay. It is always best to obtain sterile (catheter) specimens from women, as there is frequently mucus in the vagina which would almost inevitably contaminate the urine. But if there is any difficulty about this, the first specimen can be obtained normally and if this is free from albumin nothing more need be done. If albumin is present then its source should be verified by taking a catheter specimen.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss E. M. Robertson, F.B.C.N., Miss A. M. Fitzgerald, S.R.N., C.S.M.M.G., Miss M. D'Olier Taylor, M.B.C.N., Miss Amy Phipps, F.B.C.N., Miss D. E. Lee, M.B.C.N.

Miss Robertson writes:—"I should nurse a case of eclampsia in a very warm room (over 70° Fahrenheit), on a nephritis or blanket bed with its foot elevated and clothe the patient in a gown of flannel.

"As she will be unconscious or semi-conscious and her vitality low I should take even more than usual precautions in administering all heat and pressure applications.

"Apply radiant heat. This can be done most easily and effectually by electric cradles, but if the necessary appliances are not procurable wrap patient in, and cover her with, warm blankets and surround her with hot water, or electric, bottles till her skin acts well and continuously.

"Collect on a tray—stomach tube, glass funnel, glycerine (for lubricating tube), saline, large supply of warm water, gag, mag. sulph., pint measure, medicine glass, jaconette and towels, and—at hand—on the floor, a bucket; and be ready to help the medical attendant to wash out patient's stomach with pints of saline solution. As the strain caused by passing stomach tube usually brings on a seizure, keep the gag in readiness.

"After the bowel has been emptied by the giving of a soap-and-water enema give a high colon flush and after the flush leave six ounces of mag. sulph. in the bowel.

"During this treatment I should endeavour to keep the patient very warm and as far as possible covered."

QUESTION FOR NEXT MONTH.

What is Thrombosis? In what surgical conditions is it liable to occur? What precautions should be taken against its occurrence, and what are its possible effects?

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