OUR PRIZE COMPETITION.

DESCRIBE THE SYMPTOMS OF EXOPHTHALMIC GOITRE. MENTION THE SPECIAL POINTS TO BE OBSERVED IN NURSING THIS CONDITION.

We have pleasure in awarding the prize this month to Miss Ethel Stachey Laing, S.R.N., Mayday Road Hospital, Thornton Heath, Surrey.

PRIZE PAPER.

The Symptoms of Exophthalmic Goitre are :—

(1) Enlargement of the Thyroid Gland, accompanied by an increase or alteration in the thyroid secretion. The enlarged gland may press on the Trachea, causing dyspnœa.

(2) Exophthalmos: *i.e.*, protrusion of the eyeballs. The lids are retracted giving a wide palpebral aperture.

(3) Tachycardia: *i.e.*, rapid action of the heart, the pulse reaching 140 or more when the disease is well established.

(4) Fine, involuntary tremors.

(5) The mental outlook changes. Patient becomes irritable, easily excited, with periods of intense depression. Acute mania may follow.

(6) Glycosuria and Albuminuria are not uncommon.

(7) Other symptoms include progressive emaciation, anæmia, hot flushes, profuse perspiration, pruritis and diarrhœa.

The treatment of the disease may be either Medical or Surgical, but whichever line of treatment is decided upon a preliminary observation of the patient should be made, preferably in a Nursing Home or Hospital. For a week at least the patient should be at rest in bed, the appetite, presence or absence of diarrhœa, and the amount of sleep being carefully noted. The weight is recorded and a pulse chart kept.

Medical Treatment.

The patient remains in bed. A nourishing diet devoid of stimulating articles is given. Smoking is restricted, if possible prohibited. Freedom from worry and excitement should be insisted upon. Enlist the help of relatives to keep away visitors who are likely to excite the patient in any way. Encourage the patient to drink large quantities of water. In addition, a pint of normal saline can be given per rectum once daily. This procedure is exceedingly useful in those cases where an operation at a later date is under consideration. The saline should be given one hour before the time at which the operation will ultimately be performed. On the day of the operation, the saline is replaced by olive oil and ether. The patient is thus anæsthetised without being aware that anything abnormal is to occur.

The condition of the heart may call for the use of digitalis. An ice-bag over the præcordia is often beneficial. Sedatives should be avoided as long as possible. X-Ray treatment is recommended in some cases, but the disadvantage is that, should it fail, and recourse to operation later be found necessary, the surgeon's work will have been made more difficult, by this previous exposure of the gland to X-rays.

The chief drug is Iodine, in the form of Lugol's Solution, which consists of Iodine 5 per cent., Potassium Iodide 10 per cent. (in water).

Dose: three minims given T.D.S. for about a week, and then stopped. The pulse becomes slower, and the tremor and excitement disappear. If Lugol's Solution is continued too long symptons re-appear. A course of medical treatment may have been so successful as to render operation unnecessary, or the general condition may have so improved that the patient will be better able to stand the operation.

Surgical Treatment.

The operation of partial thyroidectomy is always performed during a wave of improvement in the patient's general condition, or following on a course of medical treatment. If the patient knows that the operation is to be performed, the nurse must at all costs keep her from worrying, and the necessary preparation be carried out without "fuss." In many cases the daily normal saline is replaced with an injection of ether and olive oil, and the patient is back in bed, not realising that the ordeal is over. Other anæsthetics used are gas and oxygen, or local anæsthetics. Chloroform is poisonous to a patient suffering from hyper-thyroidism. The patient lies on the operating table with shoulders raised and head thrown back.

Instruments required are: scalpel, 12 pairs of artery forceps, retractors, scissors, aneurism needle, director, Kocher's thyroid gland forceps, ligatures, needles and holder, drainage tube, sandbags, and tracheotomy instruments.

Occasionally ether is administered by the intra-tracheal method.

The patient is taken to the ward, and gently lifted into bed. If rectal ether has been used a bowel wash-out is given. When conscious, she should be comfortably propped up in bed and large quantities of fluid administered by mouth, and also per rectum for the first 24 hours, or until vomiting ceases. The drainage tube is removed after 24 hours. Morphia may be required if there is much restlessness. The patient must be kept quiet and *cool*.

Post-operative acute thyroidism should be carefully watched for during the first two or three days.

This condition is generally treated with a few doses of Lugol's Solution, together with morphia and the introduction of fluids *ad lib.* into the body.

Other complications are: Reactionary hæmorrhage, Shock, Sepsis and consequent secondary hæmorrhage, Aphonia.

Too thorough a removal of the thyroid gland may give rise to Myxœdema, or Tetany.

Exophthalmic Goitre is a disease in which a very close association of medicine, surgery and nursing are required, in order to produce the best possible results.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss D. Millington, and Miss D. E. Lee.

Miss Lee writes :—"Great care must be taken when moving the patient back to bed after the operation. When she is in bed, sandbags should be placed at the sides of the head and neck, to keep the part at rest and prevent strain on the sutures. The mouth and throat must be mopped free from secretions. If there is a good deal of shock the foot of the bed may be elevated."

QUESTION FOR NEXT MONTH.

What is the importance of examining the urine? Enumerate the common abnormal constituents, and the conditions in which they occur. Give the nursing care of a patient suffering from one of these conditions.

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