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MIDWIVES' UNION SECTION

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Albuminuria or Pre-Eclampsia

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Acute Albuminuria or Pre-Eclampsia is a very serious condition due to a toxæmia occurring during pregnancy which interferes with the function of several organs of the body but most particularly with the kidneys.

As soon as any of the following symptoms present themselves, medical treatment is an urgent necessity :—

1. Albumin present in the urine.
2. Headache.
3. Swellings of face—ankles—hands or any part of the body.
4. Diminished quantity of urine.

The above are the earlier signs—the later and more serious ones being :—

5. Dimness, or changes in the vision.
6. Epigastric pain.
7. Vomiting.

A woman who had attacks of Nephritis—Scarlet Fever or Diphtheria in her earlier life is much more prone to suffer from the Pre-Eclamptic state during pregnancy than one who has been free from those conditions—due to the fact that there may be a weakness of the kidneys' functioning power already established.

Unless the above conditions are treated—Eclampsia is almost certain to result.

Some of the worst cases of Eclampsia I have seen and those which have ended fatally—have had no albumen present in the urine at all.

*Treatment.*—The object of all Treatment is to dilute the toxins which are circulating in the bloodstream and to eliminate the same poisons from the body. In other words to carry out a system of internal and external cleanliness

The patient must have :—

1. Complete rest in bed and freedom from worry.
2. Large daily doses of Mag-sulph—because by mag sulph, large watery stools result—so freeing some of the tissues of the oedema.
3. Rectal wash-outs are given—usually four hourly.
4. The diet must be liquid at first—usually only Barley Water and water at first—later milk in small quantities.

Fruit may be given.

The diet, as the condition improves can be increased by non-albumenous foods such as :

Salads—white fish—bread and butter.

The condition of albuminuria may entirely clear up under stringent care and dieting but even so, one must never lose sight of the fact that the woman is in a really dangerous position until she is safely delivered of her child.

One attack does not predispose the patient to other attacks in subsequent pregnancies unless the kidneys are permanently damaged.