

OUR PRIZE COMPETITION.

WHAT WOULD YOU DO IN A CASE OF (a) SEVERE HÆMOPTYSIS; (b) ANGINA PECTORIS; (c) FAINTING, RESPECTIVELY?

We have pleasure in awarding the prize this week to Miss Ethel E. Hall, Whitworth Road, Dublin.

PRIZE PAPER.

HÆMOPTYSIS.

(a) Hæmoptysis may occur from many conditions, but phthisis is the most common cause. The blood expectorated is usually bright red and frothy; and the patient may feel a gurgling in the chest, with rapid loss of strength (especially in the upright position), with giddiness and faintness and pallor of face and lips; the breathing is hurried and laboured, accompanied with yawning and sighing, and air hunger; the pulse fails, and may finally disappear at the wrist altogether. There is also great thirst, and clamminess of the skin. The patient must at once be placed in a recumbent position, with the head and shoulders well raised; all tight clothing loosened, absolute quietness ensured, and free access of fresh air to his room be ensured. Cold water may be sprinkled on the face, and, if obtainable, an ice-bag placed over the chest. If the patient is conscious, small pieces of ice may be given him to suck. No stimulants must be given under any consideration. In order to avert collapse, hot bottles should be placed at the feet, and the patient kept warm and all talking forbidden.

If the hæmorrhage still continues and collapse threatens, the feet should be raised or the end of the bed placed on blocks, and the limbs bandaged firmly from the toes to the hips, and the tips of the fingers to the shoulders. A hypodermic of $\frac{1}{4}$ grain of morphia is often ordered, and usually induces physical and mental rest.

The diet must be restricted to cold nourishing liquids, and this precaution must be continued for at least 48 hours after the hæmorrhage has ceased.

ANGINA PECTORIS.

(b) In angina pectoris there is a sharp agonising pain over the region of the heart; it generally occurs in valvular disease; the pain tends to shoot up the neck and down the left arm. There may be only one attack lasting a few minutes, or there may be a succession of attacks. Consciousness is seldom lost.

Angina pectoris may be brought on by undue excitement, errors in diet, &c.

The clothing must be loosened, and a mustard leaf may be placed over the heart and on the calves of the legs, and hot bottles to the feet. There should also be free circulation of air. It may be necessary for the doctor to administer morphia to give relief, but usually the patient has been ordered nitrite of amyl. This is most frequently supplied in capsules, one of which is crushed, or the drug sprinkled on a handkerchief, and inhaled. It has the effect of increasing the bore of the arteries by relaxing the muscular fibres contained in their walls; thus the blood flows more readily, as the spasm is overcome, and the symptoms are thus relieved. Nitro-glycerine is sometimes given, either as a mixture or as tablets, but the nitrite of amyl acts more quickly.

FAINTING.

(c) In fainting, or syncope, there is a temporary loss of consciousness, caused by an insufficient supply of blood to the brain. This may be brought on by heart disease, pressure on the heart, as by tight clothing, over-feeding, flatulence, or by mental emotion. The patient should be placed flat upon the ground with the head low, or else the head may be bent down between the knees in the sitting posture, loosening all tight clothing about neck and waist first. Both of these methods act in the same way by promoting the flow of blood to the brain. Plenty of fresh air, and smelling salts applied to the nose are helpful. If the fainting has occurred from lack of nourishment, food should be given very sparingly at first. It is of the greatest importance to prevent a fall of temperature by keeping the patient warm, and giving warm stimulating drinks when once consciousness has returned.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Grierson, Miss Edith Hooker, Miss M. G. Rees, Mrs. Farthing, Miss D. Vine.

QUESTION FOR NEXT WEEK.

What are the chief causes of rickets? What are its prominent symptoms, and how can a district nurse aid in its prevention?

Miss Dora Vine writes:—“If a multipara declares she has never had any (or sufficient) milk, she should be taught to make linseed and liquorice jelly, and to take this twice a day. It is cheap, nourishing, and an efficient galactagogue, and is made by boiling linseed to a jelly with Spanish liquorice to taste.

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