

OUR PRIZE COMPETITION.

DESCRIBE THE SIGNS AND SYMPTOMS OF ACUTE BRONCHITIS IN AN ADULT. GIVE AN ACCOUNT OF (a) THE NURSING, AND (b) THE DIET REQUIRED IN A CASE DURING (1) THE ACUTE STAGE AND (2) THE CONVALESCENT STAGE. WHAT COMPLICATIONS MAY OCCUR?

We have pleasure in awarding the prize this week to Miss Winifred M. Appleton, University College Hospital, Gower Street, W.C. 1.

PRIZE PAPER.

Bronchitis is inflammation of the mucous membrane lining the bronchial tubes. Like other inflammatory chest affections, this disease generally arises as the result of exposure to cold, especially when damp weather is prevalent; or to a sudden change from a heated to a cool atmosphere. Another cause is the inhaling of irritating dust or vapours. It is also an associated condition in certain infectious diseases, as measles, whooping cough, typhoid fever, influenza, and may occur in heart disease. The early stages are marked by catarrh, or common cold, with the addition of feverishness and a general constitutional disturbance. The later symptoms are:—

(1) Chills. (2) Malaise. (3) Cough. (4) Tightness and soreness behind sternum, increased by coughing. (5) Slight fever, T. 100° to 102° Fahr. (6) Expectoration frothy, scanty, mucoid, may contain a little blood from small arteries; later, muco-purulent, loose and abundant. (7) Dyspnoea, if bronchioles are affected; when free expectoration commences, the more urgent and painful symptoms are relieved.

An examination of the chest by a stethoscope reveals abnormal and characteristic dry sounds, which, as the disease progresses, are replaced by moist sounds or râles. Both these sounds are generally heard in the same case, since different portions of the bronchial tubes are affected at different times.

Acute bronchitis must always be regarded as a serious ailment; it is particularly dangerous at the extremes of life, and it is important to give early attention to the slightest evidences of bronchitis.

Treatment.—(1) Rest in bed. (2) Temperature of room, 65°; even temperature, rather moist; good ventilation, but avoid draughts; moisture obtained from bronchitis kettle with a long spout—one can be improvised from an ordinary kettle by tying a rolled newspaper to the spout; drugs added to the water, e.g., tr. benzoini co. ℥i to water Oj, or a few drops of oil of eucalyptus are advisable. (3) An inhaler

with tinct. benzoini co. ℥i to water Oj may be ordered for the patient. (4) Mustard and linseed to chest; any counter irritants to be applied to the chest with caution. (5) Promote free perspiration. (6) Hot foot baths. (7) Hot drinks. (8) Aperients as directed. (9) The doctor usually orders expectorants and sedatives. (10) Patient should be encouraged to alter his position from time to time.

The diet must be light but nutritious, with milk, eggs and fish, and plenty to drink. While the temperature is raised, fluids are advisable, such as milk, milk Bovril, egg flip and meat juice, and jellies; in any disease the great object is to maintain the patient's strength. In the aged and where there is much weakness, stimulants are an indispensable part of the treatment. When convalescent, the diet can be gradually increased, but care must be taken that food which is not being assimilated or is likely to cause gastric disturbance is omitted if this condition is indicated.

In persons of intemperate habits, bronchitis is apt to take a very severe form. Acute bronchitis, as a complication of other respiratory diseases or heart disease, is a cause for alarm, because of the increased embarrassment of breathing.

A special source of danger in this disease is the possibility of broncho-pneumonia; also there may be collapse of the lung owing to the secretion blocking a branch of the bronchial tube, when the area affected ceases to be inflated with air on inspiration.

Repeated attacks of acute bronchitis may cause chronic bronchitis.

Gastric disturbances may be caused by the secretion being dislodged by coughing and swallowed.

Infection may travel up and cause middle ear disease.

The heart may be weakened by the circulation being impeded through the lungs.

Bronchitis may cause atrophy and general debility.

Capillary bronchitis, a serious disease similar to broncho-pneumonia, in which the bronchioles become blocked and cause deficient aeration of the blood in respiration may result from acute bronchitis.

Persons liable to bronchial attacks should live in a mild, warm climate, and avoid sudden changes of temperature. Special care must be taken in seeing that the diet is light and nutritious, to avoid indigestion and flatulence. The general health must be kept as good as possible, and exposure to fogs, cold winds or rain be avoided.

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