

## OUR PRIZE COMPETITION.

**EXPLAIN WHAT IS MEANT BY ANGINA PECTORIS. WHAT WOULD YOU DO TO RELIEVE A PATIENT IN A SPASM FROM THAT DISEASE? WHAT PREVENTIVE MEASURE SHOULD BE USED BY ONE WHO IS SUBJECT TO ANGINA PECTORIS?**

We have pleasure in awarding the prize this month to Miss E. A. Noblett, London Homœopathic Hospital, Great Ormond Street, W.C.1.

### PRIZE PAPER.

Angina Pectoris—"Breast Pang"—is a condition characterised by sudden attacks of severe pain in the cardiac region, with a sense of impending death.

During exertion or intense mental emotion the patient is seized with an agonising pain in the region of the heart and a sense of constriction, as if the heart had been seized in a vice. The pains radiate to the neck and down the arm, and there may be numbness of the fingers or in the cardiac region. If the patient is walking, he stops rigid and motionless; if he is sitting or in bed, he leans forward, fixing the shoulder girdle by grasping any convenient support. The terrible feeling of anxiety is reflected in his expression; the face is usually pallid, and may assume an ashy-grey tint, and not infrequently a profuse sweat breaks out over the surface. Respirations are very shallow and difficult, though there is no obstruction to the entrance of air. The paroxysm lasts from several seconds to a minute or two. There is great restlessness and anxiety, and the patient may drop dead at the height of the attack or faint and pass away in syncope. If he recovers from the attack he usually feels exhausted, and for a day or two may be badly shaken; in other instances, in an hour or two the patient feels himself again.

The life of stress and strain, particularly of worry, seems to predispose to Angina Pectoris. Business men leading lives of great stress, and eating, drinking, and smoking to excess, form the large number of cases.

Angina occurs most frequently amongst men above middle age; in persons under forty, syphilis must be considered as a possible important feature.

The predisposing causes are all conditions which interfere with the nutrition of the walls of the heart, such as extensive fatty disease, arterio-sclerosis, obstruction of the coronary arteries, lesions of the aortic valve. It may be associated with gout and diabetes, and occasionally influenza. The immediate causes of an attack are: sudden strain, an over-distended stomach, powerful emotional disturbances, and chill.

*To Relieve a Patient in a Spasm from Angina.*—In the severer cases the treatment is concerned with the attack, and with the general condition afterward. Inhalations of nitrite of amyl may give instant relief; chloroform may be used as a substitute, or if nitrite of amyl fails, morphine. Warmth should also be applied to the limbs. With a dusky cyanosis and asthma-like breathing, oxygen inhalations may be given.

*Preventive Measures.*—After an attack, prolonged rest is important, and every effort should be made to reduce anxiety and sources of irritation. The diet

should be simple, and all articles of food tending to produce flatulence should be particularly avoided; and if flatulence is present, carminatives will be prescribed. The bowels should be kept freely opened. When the cause of the attack is known, the doctor will treat that with a suitable drug.

Many patients are very sensitive to cold, and the chill of getting out of bed or of a bath may bring on a paroxysm.

In pseudo-angina the treatment must be directed to the nervous system.

True angina pectoris must be distinguished from pseudo-angina.

True angina is most common past middle life. It is most common in men, and the attacks are brought on by exertion. The attacks are rarely nocturnal or periodical, and are not associated with other symptoms; there is agonising pain of short duration, with a sense of constriction. The attitude is one of silence and immobility. The prognosis is grave, often fatal.

In pseudo-angina the attacks come on at every age from six years, and are most common in women. They are spontaneous, often periodical and nocturnal. They are associated with nervous symptoms; the pain is less severe, lasting from one to two hours. There is distension more than constriction; the patient is agitated and active. The attack is never fatal.

Where syphilis is suspected, appropriate treatment should be commenced straight away. If treated early enough, recovery may be complete.

The circumstances that begin an attack are important; all exertion should be avoided by the patient, even the exertion of dressing himself.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. W. Comer, S.R.N., Miss M. Ramsey, S.R.N., Miss P. Cummins, Mrs. Farthing, S.R.N.

Miss M. W. Comer, S.R.N., writes:—"To relieve the spasm the best remedy is nitrite of amyl; 3 to 5 minims of this drug is carried in a small glass capsule wrapped up in a linen casing. The glass phial is broken, the drug liberated, and the patient told to breathe the vapour in deeply."

### QUESTION FOR APRIL.

On visiting a woman four days after birth of her child you discover that she has a temperature of 103° F. What conditions may cause such a temperature, and what other symptoms would you expect to find in such condition?

## MINISTER OF HEALTH TO RECEIVE A DEPUTATION OF REGISTERED NURSES.

The Right Hon. John Wheatley, M.P., Minister of Health, has, by request of the Registered Nurses' Parliamentary Council, consented to receive a Deputation of Registered Nurses on March 7th, to place before him various matters of importance to the Nursing Profession in its relation to the community.

The Deputation will be introduced by Major R. W. Barnett, M.P., and amongst the speakers will be Mrs. Bedford Fenwick, Miss Isabel Macdonald, Miss Maude MacCallum, and others fully cognisant with the educational and economic aspects of nursing evolution.

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