

To promote a Bill, therefore, in which these provisions are not incorporated is worse than useless.

The only excuse for well trained nurses not registering is their strong dislike to placing themselves under a body of which a number of the members, when on the first Council, ceased to function for some two months—conduct which many nurses regard as most undisciplined and unworthy.

Also hundreds of nurses who have registered have withdrawn their names from the Register, or allowed their registration to lapse, and we think it high time that the Minister of Health enquired into the reasons for the discontent of which this is evidence.

### OUR PRIZE COMPETITION.

DESCRIBE THE SYMPTOMS AND COURSE OF ACUTE BRONCHITIS. MENTION THE CHIEF POINTS IN THE NURSING AND TREATMENT.

We have pleasure in awarding the prize this month to Miss Amy Phipps, S.R.N., 33, St. Dunstan's Road, Feltham, Middlesex.

#### PRIZE PAPER.

The symptoms of acute bronchitis vary according to the extent to which inflammatory changes takes place in the bronchial tubes, and to the age of the patients, the results being most severe in the young and old, and those who are constitutionally predisposed to respiratory affections.

The symptoms and course of a typical case are as follows:—At the onset there is coryza, sneezing and a frequent dry cough, with soreness and tightness behind the sternum, and dryness of throat: constipation, coated tongue, and some rise of temperature, in a mild case rarely over 100° F, with slightly raised pulse-respiration ratio. The expectoration, at first scanty and frothy, in a few days becomes copious and purulent; as the inflamed bronchial mucous membrane becomes swollen, and the mucus becomes glutinous, and tends to accumulate, the calibre of the tubes is greatly diminished, and we get a degree of difficult, rapid and wheezing respiration, varying with the size of the tubes involved. Auscultation reveals sibilant râles, and large moist crepitations below the clavicles.

When expectoration has been established, and made as easy as possible, the more urgent symptoms usually abate, though a slight cough may persist for some weeks.

In an uncomplicated case, the prognosis is usually good, the symptoms yielding readily to good nursing and treatment, although convalescence is often long and tedious, and relapse is by no means uncommon.

Unfortunately, in many cases, the inflammation spreads into, or primarily affects, the minute bronchial tubes, which are in very close relation to the alveoli of the lungs, giving rise to the disease known as "capillary bronchitis." Here all the symptoms are intensified: there is a distressing dyspnoea, due to the imperfect aeration of the blood, with great restlessness, dusky or pale skin, lips livid, incessant cough, and usually great rise of temperature. The expectoration is sticky and tenacious, and the act of expectorating is performed with difficulty. In a child, there is usually gastro-intestinal catarrh, great restlessness and irritability, with swallowing of the phlegm, which the child is unable to expectorate. Auscultation reveals sub-crepitant rhonchi in abundance over both lungs equally.

In an extreme case of capillary bronchitis, there is very high temperature, with greatly accelerated pulse-respiration ratio: later there may be fall of temperature, with blueness of lips and finger tips, and definite symptoms of shock, due to collapse of considerable areas of lung tissue. In some cases, asphyxia, resulting in death, has been found to be caused by mechanical obstruction of the air passage, by accumulation of mucus.

The prognosis in these cases is always very serious, especially where the patient's resistance to disease is lowered by predisposing causes, and their definite results

During the course of the disease, various complications may arise, including:—

Heart failure, emphysema, asthma, pleurisy, pneumonia, collapse of part of the lung through blocking of a bronchial tube with mucus, thus cutting off further supplies of air to that part of the lung; further, acute bronchitis may act as a powerful predisposing cause in connection with the occurrence of other diseases.

Nursing and treatment consist mainly in husbanding the strength of the patient, conducting him through the attack with the minimum of pain and discomfort, and being ever on the watch for fresh symptoms and complications, that they may be dealt with without delay.

The patient must be nursed in hygienic surroundings, an abundance of warmed fresh air without draughts being secured to him.

A steam kettle, to the water in which Friars' balsam or some such preparation has been added, is used, to add moisture to the air: this is usually most soothing and beneficial, and aids sleep. When the breathing is very embarrassed, a hot pack in the hands of a skilled nurse, often gives great relief: strong expectorants are usually prescribed to avoid the accumulation of phlegm, and in the case of small children, an efficient emetic is often ordered.

The drugs in common use in treating the disease are: belladonna, ipecacuanha, squills, paregoric, &c., and where necessary, stimulants.

The patient should be lightly clothed in flannel, and every effort should be made to assure the maximum of comfort in his position in bed, as there is a marked tendency to orthopnoea.

The diet should be easily digestible, and highly concentrated, and a careful chart should be kept as to the quantity taken: careful watch must be kept on the pulse, and any depression treated without delay: the bowels must be kept freely opened, and a careful note taken of the amount of urine passed, and the usual measures will be taken to allay fever and promote perspiration, when necessary.

Counter irritants are sometimes ordered locally, to ease pain and aid expectoration. The latter is of primary importance both for the patient's comfort, and for a good recovery.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, S.R.N., Miss Phoebe Goddard, S.R.N., Mrs. Farthing, S.R.N., Miss Burns.

#### QUESTION FOR NEXT MONTH.

What are the effects on the human body of (a) sunshine, (b) a hot bath, (c) constipation, and (d) mouth breathing?

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