

OUR PRIZE COMPETITION.

DESCRIBE AN ACUTE ATTACK OF ASTHMA AND SAY WHAT CAN BE DONE TO GIVE THE PATIENT RELIEF.

We have pleasure in awarding the Prize this month to Miss Mary Macphail, 1,055, Gt. Western Road, Glasgow, W.2.

PRIZE PAPER.

The onset of an attack of asthma is usually sudden, although there may exist certain premonitory symptoms which warn the patient of its approach, such as a feeling of discomfort, drowsiness, irritability and mental depression. The patient awakes, usually in the early hours of the morning, in a state of great anxiety and alarm; he feels suffocated and struggles for breath; he is unable to lie in bed, but gets up and sits or stands with his shoulders raised, his whole body heaving in a desperate effort to breathe. The face is pale or livid, perspiration is profuse, while the extremities are cold, the pulse is rapid and weak. The one desire of the patient is to breathe fresh air. He may get out of bed and sit for hours by an open window in the middle of the night unmindful of the exposure. Usually inspiration is prolonged and accompanied by a loud wheezing sound, while expiration, in spite of the patient's violent efforts, is almost impossible. The paroxysm of intense dyspnoea may last from a few minutes to many hours, and generally ends with expectoration of sputum consisting of small pellet-shaped masses. A dry hard cough is present in some cases. In those cases in which catarrh of the bronchial tubes follows the attack, the sputum in the course of a few days changes its character and becomes muco-purulent.

Treatment: The treatment of the patient depends on circumstances. If drugs are not available the following household remedies may be tried: dry cupping of the back and the placing of the patient's hands in very hot water in basins at the side of the bed. If the attack is due to an error in diet an emetic may be given, also the infusion of strong black coffee given to the patient on an empty stomach has been found useful. The patient should be kept warm. If in the habit of getting out of bed, he should be encouraged to wear woollen socks in bed. Hot-water bottles are placed at the patient's feet and a blanket put around his shoulders. All his clothing should be loose about him, although he must be kept warm. The nurse should do everything to reassure the patient and allay his fears. No visitors should be allowed to see him, as their presence may aggravate his distress. A bed-table is sometimes useful for the patient to rest over. The patient should be allowed to select the position easiest for himself. All windows should be opened to admit as much fresh air as possible, and the patient interfered with as little as possible. If in hospital or where drugs are available, the patient can be relieved very much more quickly. The remedial agents employed with the view of relieving the paroxysms are very numerous. The most useful remedy is the hypodermic injection of adrenalin chloride 2-15 minims (0.12-1 c.c.). The earlier in the attack it is given, the less is required and the better the result. The

patient may be taught to administer the injection himself. Adrenalin may also be inhaled from a spray. Ephedrine given by mouth in $\frac{1}{2}$ -gr. doses is efficacious, but takes much longer to act, and must therefore be taken hours before the attack is expected, and after a time it loses its effect. Opiates given internally or hypodermically are sometimes employed, but are dangerous, as is also the inhalation of anæsthetic vapours. Much value is attached by many to the smoking of stramonium cigarettes, and even tobacco-smoking in some cases seems to give relief. The fumes of nitre-paper (blotting paper prepared by being dipped in a saturated solution of nitre and dried) burnt in the room often succeed in helping the patient. Glass capsules containing nitrite of amyl, which are crushed and held beneath the nostrils, sometimes give considerable relief in bad cases. Paraldehyde may also be given in teaspoonful doses, or the tincture of lobelia inflata. None of those remedies ought to be tried without medical advice. To prevent the recurrence of the paroxysms special care must be taken by the patient himself to avoid those influences which his experience may have proved to have been the occasion of former attacks. Great care must be taken to avoid exposure to the weather. Changes of air from town to country or *vice versa* sometimes relieve the condition. Diet is most important. The disease is almost always associated with the "allergic state." The hypersensitiveness to proteins may be caused by certain articles of diet. Any known food which causes an attack should be avoided until desensitised. Sometimes the condition is caused by an infection; in those cases a vaccine may be prepared. Vaccine prepared from the asthma bacillus produces relief in suitable cases. In the case of children, good results have followed the use of glucose. There is a tendency for asthmatic children to suffer from ketosis from excitement. These children are usually of a nervous temperament, and their energy uses up all their reserve of available carbohydrate, resulting in ketosis. One ounce of powdered glucose in a glass of water with orange or lemon juice, taken last thing at night or first thing in the morning, has been found to be of benefit. In patients where the paroxysms are of periodic occurrence, the use of quinine and arsenic has been tried with good results.

PRIZE COMPETITION QUESTION FOR NEXT MONTH.

What is Surgical Shock? State some of the commoner injuries after which it may occur. How is it treated?

CHRISTMAS GREETINGS FROM MATRON-IN-CHIEF.

The Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service, sends Christmas Greetings and Best Wishes for their welfare and success in the coming year, to all members of Q.A.I.M.N.S., Q.A.I.M.N.S. Reserve, and the T.A.N.S.

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