

by loss of vision and a sensation of paralysis on the left side, from which the doctor diagnosed cerebral thrombi or embolism.

Dieting was a great trouble and difficulty from the beginning, as patient had neither appetite nor digestion, and gradually, as the weeks passed and the patient grew weaker, and the sickness continued and increased, the doctor had to do off one thing after another; so that, from fish, game, oysters, Bengel's food, rusks, and peptonised preparations, we got to peptonised milk largely diluted with water or Koumiss, alternately with rectal feeding. Two ounces of brandy (and more, if necessary) were allowed daily, throughout the illness.

The treatment consisted of several preparations of iron (*i.e.*, Wyeth's arsenicated, &c.), salicylate of soda, and phenacetin in ten-grain doses. The latter was given in one or two doses, either to reduce temperature, to relieve pain, or as a diaphoretic when the skin was dry and the doctor feared uræmic convulsions.

Two consultations took place, but no fresh light was thrown on the subject, and the treatment continued much the same. In fact the main difficulty with this disease seems to be that the accompanying complications are usually so numerous that it makes diagnosis, and *early* diagnosis—which is so essential—a very difficult matter. The chief signs and symptoms in this case were a previously diseased heart, sickness, thrombi, and embolism, and a moderate temperature, even becoming normal at times.

With the exception of the times when I have particularly remarked about patient being in pain, the illness might be considered an almost painless one, the patient losing strength and flesh gradually, and sinking from day to day almost invisibly, sickness really being the most distressing symptom, and nourishing or "feeding up" the patient, under the circumstances, being a most painful duty. Towards the end, however, the sickness was so continuous that rectal feeding only was possible.

Patient's last hours were quiet and peaceful, and her mind was perfectly clear till the very end. She died exactly eleven weeks after the *apparent* beginning of her illness, but what had really taken place before she had called in the doctor, is difficult to say—the large quantity of albumen being difficult to account for.

N.B.—Since nursing the case, an eminent London physician has told me that, until recently, "ulcerative endocarditis" has been considered quite fatal, but that, within the last few years, a Parisian physician discovered that, on *early* diagnosis, a hypodermic injection of a preparation of yeast has proved successful.

That he and two other physicians tried it in London with the following results:—One gave it by mouth—and failed. The second hypodermically, and was successful; and that *he* (my informant) was called in too late, the disease being in its last stages; that he had tried it as a *last resource*, but that he also failed to effect a cure.

Fottings from a Nurse's Notebook.

HÆMORRHAGE.

HÆMORRHAGE after operation may be *Primary*, *Reactionary*, or *Secondary*. Primary and reactionary hæmorrhage occur within the first 24 hours after operation. They are due to failure in the process for the *temporary* closure of the vessels, such as the *slipping of a ligature*, the *displacement of a clot* by want of rest, or the *washing out of a clot* from the cut end of a vessel by the increased force of the circulation.

Some oozing is usual after operations; this is not hæmorrhage unless an unusual quantity is lost. If much oozing appears, the spot is usually washed over with some antiseptic lotion, and packing applied over the original dressing until this is removed and redressed; otherwise the wound will not remain aseptic. *Secondary* hæmorrhage occurs after the period of reaction is passed; it is due to the failure of the process for the *permanent* closure of the vessels.

Causes.—*Defective formation of the internal clot*, or failure of the union of the internal and middle coats of a vessel. It may also be due to *defect in the surgical means employed*, or *disease of the vessels and constitutional conditions*.

Defect in Ligature.—The ligature, if an animal one, may be absorbed too soon, or, if a non-absorbable one, it may be too thick and tape-like. It may not be aseptic, and may therefore cause suppurative instead of adhesive inflammation. It may be tied too tightly or too loosely, or be unevenly knotted, or it may be too near a collateral branch.

Defect in the management of the wound.—Septic inflammation may be caused by imperfect drainage, and hæmorrhage may ensue.

Constitutional Conditions.—Some of the constitutional conditions causing hæmorrhage are the hæmorrhagic diathesis, diabetes, Bright's disease, and septicæmia.

A Nurse should be on the watch for, and always mention blood-stained discharges, especially if accompanied by rise of temperature. If these occur after the primary and reactionary stage have passed, secondary hæmorrhage may be

[previous page](#)

[next page](#)