

drop or two of cod liver or castor oil, and for the rest preferred oily solutions or mixtures, to powders or collyria. When these oleaginous compounds were made perfectly smooth, and of consistency that permitted their ready distribution over the eyeball, it was surprising how little pain or discomfort was set up even by strong doses of such irritants as mercuric chloride, silver nitrate, etc. This was probably due to the fact that massage had an anæsthetic action, probably due to emptying the capillaries and lymph vessels of their contents, and to the continued pressure on the nerve endings. The most useful massage agents were mercurials combined with all sorts of oleaginous excipients. At the end of or during the act, combinations of the remedy with the ocular secretions—especially mucous—should be coaxed out of the sac by small “dabs” of damp cotton or the irrigating stream, and the stroking movements resumed until nothing further comes away. The patient, half an hour after the lid friction, should not experience any added discomfort. In a general way massage would be found most useful in chronic diseases of the eye borders and substance, in almost all subacute and chronic affections included in the term “conjunctivitis,” in the second state of acute inflammation of the conjunctiva, in most forms of ulcer of, and deposit in, the cornea, and for the temporary relief of glaucoma, and in some forms of retinal embolism. It was contraindicated in “acute conjunctivitis,” “keratitis,” true trachoma, and in diseases of the iris, ciliary body, lens, choroid, vitreous or optic nerve. In young subjects it lessened the opacity following ulcer of the cornea, and was also for the same reason valuable in the treatment of interstitial keratitis.

THE TREATMENT OF HÆMOPTYSIS.

Prof. Lemoine (*Le Nord Medical*, April 1, 1901) lays great stress on the importance of hygienic management in hæmoptysis. Absolute quiet and rest in a cool, well ventilated room, with light food, are essential. Talking is to be forbidden. He advises hot foot-baths in the slighter cases, and in more severe attacks wrapping the lower limbs in cotton wool and putting the hands in hot water, so as to draw the blood to the extremities. Purgatives are required; they tend to draw the blood to the abdominal organs. Internally he employs ergot, or in severe hæmoptysis injects ergotin hypodermically.

Hæmoptysis.*

By HELEN TODD.

Alarming complications occur, perhaps, more frequently in nursing cases of phthisis than of any disease, and it is necessary that you should be prepared to act promptly in sudden emergencies; to-night, therefore, we will consider the nurse's duties in regard to hæmoptysis.

Hæmoptysis, or bleeding from the lungs, may occur at any stage of pulmonary tubercular disease, and may vary in amount from a few streaks just sufficient to stain the sputa to a pint or even more. Hæmorrhage during an early stage of disease is generally due to congestion, but in the later stages it is usually because a cavity having formed in the lung substance which surrounded a blood-vessel, its walls, having no support, are stretched, and an aneurism forms which, becoming gradually larger, finally bursts at its weakest point; or again, the hæmorrhage may be caused by the tubercle bacilli actually attacking the walls of the vessel and so weakening them at certain points to such a degree that they may give way under any strain or pressure.

Some patients have certain premonitory symptoms before an attack of hæmoptysis; they may complain of a feeling of nausea or a “salty” taste in the mouth, or a streak or two of blood may appear in the expectoration. These symptoms must always be reported, for it may so happen that an attack of hæmorrhage can be warded off by appropriate treatment. It is also a matter of common observation in an institution such as this when large numbers of phthisical patients are gathered together, that the occurrence of hæmorrhage is largely influenced by the weather; thus, if it be damp and foggy and the atmosphere close and heavy, there may be several patients bringing up blood in greater or less quantities, but as the weather brightens and atmospheric conditions improve, the bleeding will very frequently cease altogether.

Hæmoptysis usually begins after a fit of coughing, and in typical cases is quite unlike any other form of hæmorrhage. When the bleeding is fresh, it is of a bright red colour, very frothy and intimately mixed with air and mucus; in a very severe case it gushes out from the patient's mouth and nose, and he dies in a few seconds from suffocation; the whole thing happens so suddenly that unless anyone is at hand the patient will be dead before he can summon assistance. If, however, the hæmorrhage be not so violent, the patient should at once be placed in a recumbent or semi-recumbent position, having his head and shoulders raised sufficiently to allow him to

* A Lecture to the Nurses of the National Sanatorium, Bourne, mouth.

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