

gloves having a pebbled surface instead of the usual dead smooth finish. Results as follows:

Cultures after scrubbing in running water 15 seconds: Many red colonies.

Cultures after scrubbing in running water 30 seconds: No red colonies.

Cultures after scrubbing in running water 45 seconds: No red colonies.

Cultures after scrubbing in running water 1 minute: No red colonies.

Evidently it is somewhat more difficult to remove bacteria from such a surface than from the usual smooth rubber glove.

It would seem from this that in passing from one surgical dressing to another the transferring of infectious material can be avoided without great difficulty. If rubber gloves are worn and the hands scrubbed in running water for a short time before each dressing, the patient's safety would seem to be satisfactorily insured.

Purpura Hæmorrhagica.*

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On March 19th of this year I was called into a home in the neighbourhood to a boy ten years of age who had been bleeding from the nose for nearly two hours.

I at once realised that the simple methods would be of no avail in checking such a hemorrhage, as the little fellow was very weak, drawing every breath with a sigh, and had fainted, recovered consciousness, and still the hemorrhage continued.

I learned that the child was under the care of the family physician whom they could not reach at that time. I advised them to call the nearest physician, and while waiting I raised the head and applied cold towels, gave the child morph. grs. 1/12 hypo., and prepared the necessary things for packing the nose.

The physician responded readily and as there was no time to be lost the nose was packed hurriedly, putting in the old-fashioned post-nasal plug and packing the anterior spaces very tightly.

Some of the blood caught in a bowl showed that the blood contained very little fibrin, as there was scarcely any sign of coagulation.

While packing the post-nasal space we noticed the dark spots on either tonsil, and upon further examination, scattered over the entire body, and more particularly along the spine. We then learned that the family physician had diagnosed the case and was treating the child for purpura hæmorrhagica, the treat-

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ment employed being the discovery of Dr. Wright, of London, which is the use of calcium lactate where there is lack of fibrin in the blood.

After the hemorrhage and the ordeal of the packing, the little fellow was very weak and very much depleted; pulse 160, and very nervous. One is apt to feel that the one and most necessary thing at this stage is the subcutaneous injection of normal salt solution, or at least a stimulating enema, but, on the contrary, in these cases stimulation is to be avoided as anything that would raise the blood pressure at this time might prove fatal.

A needle prick in the ear made for the purpose of obtaining a drop of blood to make the blood count, continued to bleed for three hours, and the blue spots over the body deepened considerably.

The treatment prescribed was calcium lactate grs. 20 every four hours, and camphor gr. 1 every four hours, alternately; liquid nourishment, including milk, liquid peptonoids, orange juice, and whites of two eggs daily.

Sugar was forbidden; not one grain was permitted, the physician making the statement that its action was as poison to the child, who previous to his illness had eaten it in large quantities in the form of candy and the lump sugar.

There was also present at this time phosphaturia, the 24-hour specimen, measuring from 60 to 80 oz. and loaded with phosphates. Great care had to be taken when handling the little fellow, as the least pressure anywhere on the body would cause the bleeding into the tissues.

On the second day it was necessary to remove the packing from the nose. A specialist was called to do this. There had been constant oozing since the packing had been put in and another hemorrhage was feared. The packing was slowly removed, adrenalin 1-1000 being applied to mucous surface as the gauze was slowly loosened.

The specialist ordered adrenalin to be applied to the nose every hour until clots had formed or the excessive oozing checked. On the third day the odour from the nose was very offensive. Clots formed and forced their way out and had to be cut frequently, there being danger of starting the nose to bleed if they were removed outright. A disinfectant was prescribed to drop into the nose, and as both ear drums were perforated and the ears discharging, irrigation was ordered.

On the third day the gums began to bleed, and there were traces of blood in the stool.

The temperature was 103, and the little

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