

OUR PRIZE COMPETITION.

WHAT IS THE MOST URGENT EMERGENCY WITH WHICH YOU HAVE HAD TO DEAL AND HOW DID YOU MEET IT?

We have pleasure in awarding the prize this week to Miss S. Grace Tindall, Wallington, Surrey.

PRIZE PAPER.

It is somewhat difficult to choose the "most urgent emergency" in a somewhat varied career, but the case that stands out in my early days of nursing after being certificated is the following:—

It was the year of the Boer War. Many officers towards the end of it were being sent home with wounds too quickly healed, wounds the doctors in South Africa for various reasons preferred not to touch, and other wounded men of many kinds.

A young Lieutenant had been shot through the femoral artery and vein, and falling on the field was left for dead for 24 hours, during which time a clot formed, saving his life; also a shell burst near enough to him to burn the clothes off his body and render him extremely deaf.

Of course the leg ulcerated, its whole circulation was impeded by this clotting. He was invalided home, sought the best advice, and went to a number of surgeons in town, but many refused to operate. Others said the leg must be amputated. The patient was an aristocratic young officer in a crack cavalry regiment, and nothing would induce him to permit his leg to be amputated. Finally, he returned to the surgeon whose fame was the greatest and it was agreed that every means should be taken to save the leg; if that was found quite impossible, the surgeon should amputate. The operation was a marvel of skill, and the patient returned to bed without loss of limb. The great thing, of course, now was to restore circulation; the leg, after being raised, was wrapped in cotton wool, packed with hot bottles, and many devices were employed.

But the danger lay in the wound; it was lightly dressed so that I on night duty might observe it for hæmorrhage. So anxious was the surgeon that he had the telephone removed to the patient's room that I might use it at any moment to call him if necessary. Shall I ever forget that night! If I looked every few minutes I feared to worry and disturb the patient; if I *didn't*, I feared to find a pool of blood in the bed.

About 2 a.m. I found the small dressing gradually soaking; it lay loosely applied, for pressure was only to be used if quite necessary. Should I send for the great man? If I did, perhaps it would be for nothing, if I did *not* there might be a sudden hæmorrhage that I was powerless to control, and the doctor might arrive too late. I looked again—certainly blood was gathering on the dressing. What *should* I do?

Then the necessity for immediate action took hold of me. I put down the telephone where I could reach it from the patient, quickly scrubbed up, my eye on the dressing over the femoral artery and vein. Yes, there was certainly trickling. I did not want to send for the Surgeon unnecessarily. *Could* I hold on if necessary till morning? A chair was by the bed. I took a fresh large square of sterilised wool, folded it in four, gently removed the old dressing to see if possible what was happening, but could only see blood oozing up through the superficial stitches. Telling the patient the dressing needed changing, and that I should have to hold it, I carefully chose my spot of compression, and with two fingers firmly over the artery I held on, sitting quietly by his side till 6.30 a.m., when I deemed it time to send for help from the surgeon. The pad was hardly stained, showing Providence had mercifully aided me in locating my point of compression, and by 7.30 a.m. my awful night of anxiety was over. I may add that full circulation was finally restored to the leg and foot, and young Lieutenant W— again joined his regiment. He never knew the danger he had been in, and used to tell his friends how his nurse had been unable to secure his dressing as the doctor had done, but had been decent enough to keep it in place by holding it on until the doctor's arrival.

It was a tight corner for a nurse only just out of her "pro" days.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. D. Hunter, Miss Alice Davis, Miss B. James, Miss M. Mackenzie, Miss O'Brien, Miss T. Robinson.

Miss Mary D. Hunter relates an alarming experience, before she began her training as a nurse, with a case of internal hæmorrhage some distance from a doctor, in which she successfully won through owing to common sense and presence of mind.

QUESTION FOR NEXT WEEK.

Describe your method of caring for rubber gloves, including their sterilization, the discovery of holes, and their repair.

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