

## OUR PRIZE COMPETITION.

DESCRIBE APPEARANCE OF BLOOD IN HÆMORRHAGE FROM LUNGS. (a) DEFINE NURSE'S DUTIES IN SUCH AN EMERGENCY.

We have pleasure in awarding the prize this week to Miss Amy Phipps, St. George's Infirmary, Raine Street, London, E.

### PRIZE PAPER.

Hæmorrhage from the lungs (hæmoptysis) is a condition most commonly met with during the course of pulmonary phthisis, usually in the acute variety of the disease, although by no means confined to that. It is also occasionally met with in other diseases of the respiratory system, or as a complication of direct injury to the lung, through an accident.

It is distinguished from hæmorrhage from the stomach (hæmatemesis) in that it is coughed up, the peculiar gurgling cough which once heard is never forgotten. The blood is of a bright red colour, and has a frothy appearance, due to the admixture of air. Where there is any quantity, there will probably be much fluid blood, containing large bright clots; these clots get smaller and darker later on, from having escaped from the blood vessels, and lodged for some time in the air passages, where they have undergone a process of decomposition. The amount will vary from merely a rusty sputum, or a few small clots, to one or two pints, or even more.

The attack is usually sudden, although its onset may often be forestalled by a very experienced eye.

A very small amount of hæmorrhage will sometimes relieve a patient rather than otherwise; a large amount is always serious, and the nurse must act with promptitude, or the patient may die in a few minutes from asphyxia, due to a blocking of the upper part of the respiratory tract with blood and clots. The doctor should be sent for at once. The patient should be put to bed: perfect rest and quiet, and plenty of fresh air, should be secured. It is rarely possible to keep the patient in a recumbent position; rather, it is better to allow him to find the easiest position; and to place pillows, &c., to meet it. The patient should not be disturbed for the removal of clothing; if necessary, the seams must be ripped to remove them. Warmth should be secured to meet shock by a warm blanket and well protected hot bottles or bricks.

All efforts should be directed to calming and reassuring the patient. While the hæmorrhage is going on, nothing must be given by mouth, but the lips and tongue should be moistened

with cotton wool, wrung out of warm water frequently, to prevent the exertion of clearing the mouth.

In nursing a case of phthisis, it is always advisable to get definite instructions from the physician as to his wishes should hæmoptysis occur. An ice bag to the chest, or failing that, a salt and water compress, is often excellent to meet an emergency, but is disliked by some, on account of the reaction which usually occurs.

Morphia injected hypodermically is often invaluable. While waiting for this to act, nitrate of amyl inhalation is largely used, as assisting the coagulation of blood; later, the doctor may order a course of calcium chloride.

The bowels should be kept regular, if necessary; such aperients as salts and mistura alba, are useful; as they tend to lessen the blood pressure. Where the nurse has no instructions as to drugs, she will do well to have things ready to hand upon the physician's arrival, such as morphia with syringe, and preparations for saline infusion.

This latter is useful, as helping to counteract shock and also relieving thirst, so obviating the necessity of giving much fluid.

All diet given should be cold, and on no account must stimulants be given. Any blood coughed up is, needless to say, full of germs, and therefore a fertile source of infection, unless properly disposed of. It is usually best to burn it on a hot fire, while moist; on no account must it dry.

In conclusion, everything possible must be done to ward off another attack. All over-excitement or exertion must be avoided as far as possible, and at any trace of blood spitting, all these efforts must be redoubled.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys A. Johnson, Miss E. Jackson, Miss F. Sheppard, Miss Madeline Smith, Miss N. Price, Miss L. Barraclough, Miss K. Morison, Miss Gladys Tatham, Miss A. Phipps, Miss D. Vine, Miss K. Dinsley, Miss F. G. Davis.

Miss Gladys A. Johnson writes:—The colour of the blood will be a bright red; it will be frothy, due to the admixture of air from the respiratory passages, and it will also be found that it is coughed up by the patient in mouthfuls, oftentimes mixed with phlegm, after some exertion in phthisical patients, and not vomited up, as in hæmatemesis.

### QUESTION FOR NEXT WEEK.

Describe the different diets now prescribed in enteric fever, and the principles underlying their adoption.

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