## SOME THOUGHTS ON THE WAR.

*(Continued.)*

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After I had written the paper which appeared in last week's issue of the JOURNAL, I received a request "asking for more," and suggesting that as many nurses were now on active service, a few notes on the sort of emergencies they might have to deal with would be acceptable at the present time.

In the attempt to comply with this request I am met at once with the difficulty that it is impossible for one who has to stay at home to know the exact conditions under which the treatment of the sick and wounded will have to take place. Obviously they may differ with the time and place, and the point about all emergency work is that it consists in doing the best you can under the circumstances, which is not always the ideal. The man, for instance, who opens the windpipe of a suffocating child with a pocket knife and a borrowed hairpin—both, it may be, very septic—is of more use than he who suffers the patient to die while he is sending for antiseptic lotions!

So I can say very little, I am afraid, that will fit in with every condition that a nurse will have to face on active service. I can only indicate what one should aim at, and describe a few general principles rather than attempt a practical guide to details.

Let us take the wounded first. What are the dangers? Not so much being hit by a bullet, for the wound made by modern rifle fire, provided that it is not immediately fatal from extensive damage to important structures, is not in itself so serious as we should perhaps expect. There were many instances in the South African War of bullets passing clean through the body and doing but little damage. With shell fire the conditions are different, because a fragment of iron is apt to cause a jagged wound, which is much more serious. Still, it is the *accompaniments* of war, or, in other words, the conditions under which wounds are received, that give trouble, and which lead to complications that the nurse may have to deal with on her own responsibility. The most important of these latter are hæmorrhage, shock, and sepsis. With sepsis I attempted to deal in the last paper, so we will now consider the two former.

Hæmorrhage may be immediate or remote, and the blood may come either from a severed artery (or vein of fair size) or—in the case of a lacerated wound—from capillaries only. In the former event the patient may die almost immediately from extensive loss of blood, in which case neither the nurse nor anybody else is likely to be of much service, as they cannot arrive in time. Nor need we trouble much about capillary hæmorrhage, as it will probably have yielded to the pressure of the dressing which the wounded man will have applied, or got one of his comrades to apply for him, to the wound. If not, local pressure suffices.

But we must not forget that it is possible for a modern bullet to partially or even completely divide a large vessel, and for the blood, which at first flows quickly, to coagulate and block up the narrow track of the missile, so that the bleeding ceases for the time. In such an event, however, there is a great risk of the bleeding bursting out afresh when the wounded man recovers from the fainting caused by the initial loss of blood, and tries to move. And a case like this is quite likely to come under the care of a nurse.

Obviously the treatment of severe hæmorrhage consists in bandaging the wound firmly, and, if this does not suffice, tying a bandage, handkerchief, or anything of the kind which may be available, round the part between the wound and the heart in such a position as to compress the artery above the wound. In the case of the upper limb, such an improvised tourniquet should be applied above the elbow, and in the lower limb round the thigh; but in any case the wound should itself be handaged firmly.

In warfare the danger of secondary or remote hæmorrhage is far greater than in time of peace, as the risk of sepsis is so much more real; the process of sloughing so often opens up a main vessel later on, and unless the nurse has her wits about her, and knows where the main arteries of the body can be compressed, either with a bandage or with the finger (until the surgeon arrives to tie the artery), a patient may quite easily bleed to death in a very few minutes. I need not enlarge on this, however, for it forms a part of the training of every qualified nurse.

The condition which we know as *shock* is more likely to be present and to give trouble in the case of wounds inflicted in war than after injuries and operations as we see them at home. The exact pathology of shock is still unsettled, and it will serve no good purpose for us to discuss it now, but what happens is that, quite suddenly, all the large veins of the body, especially those in the abdomen, become dilated and full of blood, so that the other parts—brain, circulatory organs, and so on—are temporarily deprived of their blood supply. The

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