

OUR PRIZE COMPETITION.

DEFINE HÆMORRHAGE, SHOCK, COMA, ASPHYXIA, SYNCOPE.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmiry, Lisburn Road, Belfast.

PRIZE PAPER.

Hæmorrhage may occur from the arteries, veins or capillaries, and either appear externally—external hæmorrhage—or be retained inside one of the body cavities—concealed hæmorrhage. In external hæmorrhage, besides the general symptoms of loss of blood, the blood will be seen, and the amount can be estimated. In concealed hæmorrhage the diagnosis is often difficult until the patient has lost so much blood as to be in danger of dying. Hæmorrhage may also be primary, intermediary, or secondary. Primary hæmorrhage occurs directly after a wound is made, and is the variety of hæmorrhage most commonly seen. Intermediary hæmorrhage occurs within twenty-four hours of the primary wound, and is due to the reopening of a cut vessel. It may be brought on by the slipping of a ligature, or by increased force of the heart-beat displacing the clot of blood with which Nature temporarily closes cut vessels. Secondary hæmorrhage is caused by suppuration extending into the walls of the vessels, or by the vessels becoming gangrenous. It is not uncommon during the suppuration of the sloughs of bad burns, and it is sometimes seen after operations in which a sepsis has failed. Ulceration occurring in new growths will sometimes open a large vessel and cause secondary hæmorrhage, and is one of the ways by which life is terminated in malignant disease.

Shock is a condition of general depression of the vital processes which if carried to excess ends in death. It occurs after any severe injury or operation, or the shock may be of mental origin, but in all cases the symptoms and treatment are the same. The symptoms are—a sub-normal temperature, feeble irregular pulse, shallow respiration, a pale greyish colour of the face, which is bathed in cold clammy sweat. The pupils are as a rule dilated. Shock is treated by rest, warmth, and the administration of fluids and stimulants.

Coma is complete loss of consciousness; it occurs after compression and injury of the brain, epileptic fits, &c. In coma the breathing is slow and laboured, and may be stertorous; the pulse is slow, the bladder may be paralysed, the pupils dilated or unequal.

Asphyxia is caused by some condition which prevents the blood from being aerated in the lungs. It may also occur from the tongue falling backwards into the throat and covering over the opening into the larynx, or—after an operation on the mouth—from blood running into the air passages.

The causes may be :—

(1) Obstruction in the upper air passage, such as foreign bodies in the trachea, strangling, and hanging.

(2) Want of oxygen, as when carbonic acid gas is breathed, or in drowning.

(3) Consolidation of the lung, as in bronchopneumonia.

(4) Inability to expand the chest, as in crushing, or

(5) Collapse of the lungs.

The symptoms are—increasing cyanosis with violent convulsive efforts to breathe.

The treatment is to remove the cause of the obstruction and to supply oxygen.

Syncope or fainting may arise from many causes, such as want of fresh air, heat, severe cold, pain, exhaustion, and nerve failure. In all cases let the patient have as much fresh air as possible. When a person has become insensible, let him lie flat on the ground, loosen all tight clothing, and rub the hands with a little Eau-de-Cologne. Smelling salts may be used, and cold water sprinkled over the face; do not use too much, for the chill which usually accompanies a fainting fit generally renders the patient very cold. Rub the hands well, and if animation is long suspended, and medical help has not arrived, it may be necessary in extreme cases to use artificial respiration, as in the case of suffocation. Sal volatile or brandy may be administered as a restorative in very bad cases. A warm drink, hot milk, coffee, &c., often serves the same purpose when the fainting has been caused by cold or exhaustion.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss Dorothy Maton, Miss Beatrice Smith, Miss Dora Vine, Miss K. Thompson, Miss A. Phipps, Miss O'Brien, Miss F. Sheppard, Miss F. May.

We have received a paper with the post-mark "Wallasey," without name, address, or coupon.

QUESTION FOR NEXT WEEK.

How may the course of pregnancy be affected when the mother suffers from syphilis? What are the effects upon the child, supposing it is born alive, when the mother suffers from (a) syphilis, or (b) gonorrhœa?

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