

OUR PRIZE COMPETITION.

WHAT ARE THE CAUSES OF NASAL HÆMORRHAGE AND HOW IS IT TREATED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Nasal hæmorrhage, or epistaxis, may be caused by injury, ulcer on nasal septum, new growth, tuberculous or syphilitic lesions in the nasal cavities; in some cases of kidney and heart disease where congestion is present, as in mitral disease; by strenuous exercise in plethoric persons who have high blood pressure. In children it may accompany the symptoms of some specific infectious disease.

Nose bleeding may be serious in persons who are anæmic, or in a debilitated condition, and in cases of hæmophilia, where there is a peculiar deficiency in the clotting power of the blood. In plethoric persons it may be beneficial in relieving temporary congestion.

The lining membranes of the nose have a network of blood-vessels, so that bleeding is easily induced, and in slight cases controlled by simple means, as the application of cold. In severe cases the blood may come from the naso-palatine artery and its branch vessels, and require special scientific treatment, the bleeding point being usually found about half an inch from the opening of the nostril.

Treatment.—The patient must be kept quiet, with the head raised, and not hanging forward; the arms may be raised above the head to assist contraction, while cold applications (ice, if procurable) are made to the nape of the neck, over the bridge of the nose, and across the forehead. The patient should also open the mouth wide for a time, and avoid breathing through the nostrils. Ice rubbed behind the ears is also a good method. The continued application of cold produces a reflex contraction of the arteries, and is the safest emergency treatment.

Pressure may be maintained by the finger and thumb on the bridge of the nose, and the artery may be compressed on the upper lip near the nose by pushing against the jawbone. Spraying with some astringent solution may be further resorted to, such as adrenalin chloride (1 in 1,000), hydrogen peroxide, or alum. In an emergency, strong cold boiled tea may serve the purpose.

Lastly, the nostrils may be plugged with sterile gauze or old linen soaked in an astringent such as that used for spraying. Turpentine may also be used.

The gauze or linen strip should be about half an inch broad, and gently pushed into the nostril by a probe till the opening is plugged. This is usually quite effective in arresting hæmorrhage. In a few hours the plugging should be gently removed, and the patient kept quiet, with cold applications to the forehead and between the eyes till all symptoms of recurrence cease.

In some special cases it may be necessary to plug the posterior nostrils. To reach the required spot and plug efficiently it is necessary to introduce a sterile soft rubber catheter, to which is tied a piece of long silk thread. The catheter is dipped in sterile oil and passed down the naso-pharynx, then pulled through the mouth by forceps, leaving one end of silk thread hanging from the mouth. The catheter being cut away, the same is done by the other nostril, the two ends of thread being tied to the roll of gauze, which is then passed behind the soft palate by the finger and drawn up against the posterior nostrils by the ends of silk thread hanging from the nostrils. The ends are then knotted across a piece of lint under the nose, and the nostrils packed with soaked gauze.

The treatment requires skill and gentleness in its application, as it is most trying and uncomfortable for the patient. The plugs should be removed in about twenty-four hours, and, if necessary, a new plugging of gauze inserted. If left in place longer than a period of thirty hours there is danger of setting up suppuration in the middle ear.

In this latter treatment the unpleasant dryness of the mouth caused by plugging up the air space in the nostrils may be relieved by giving lemon juice or some refreshing mouth-wash.

In special constitutional cases drugs may be ordered which act upon the clotting power of the blood, increasing its action.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lois Oakes, Miss Lucy C. Cooper, Miss D. B. Vine, Miss F. Sheppard, Miss Catherine de Fraser, Miss M. Robinson.

Miss L. Oakes writes:—"Epistaxis is especially apt to become serious in anæmic or debilitated persons, or in hæmophiliacs. In every case the cause must be treated as well as the hæmorrhage, and a purge should be given whatever the cause. The fallacy that it is right to bathe the nose over a basin of warm water is utterly erroneous."

QUESTION FOR NEXT WEEK.

What is asthma? State symptoms and how alleviated.

[previous page](#)

[next page](#)