

OUR PRIZE COMPETITION.

IN WHAT DISEASES MAY VOMITING OF BLOOD OCCUR? STATE WHAT YOU WOULD DO IN EACH CASE PENDING THE ARRIVAL OF A MEDICAL PRACTITIONER.

We have pleasure in awarding the Prize this month to Miss Amy Phipps, F.B.C.N., Eden Cottage, Ashford, Middlesex.

(PRIZE PAPER.

Vomiting of blood (hæmatemesis) may occur as a symptom or complication in various diseases, and notably in connection with typhoid fever, gastric ulcer, duodenal ulcer, peritonitis with perforation into blood vessels of any size, cancer of the stomach, cancer of liver, cirrhosis of liver, tubercular lesions of the alimentary tract, in pernicious anæmia, in certain other forms of anæmia, in the effect upon the intestinal blood-vessels—notably the capillaries—in certain forms of heart disease, and as the result of erosions of the stomach or bowel wall caused by certain irritant poisons. This last was frequently met with during the Great War, in patients suffering from "T.N.T." poisoning, and in certain forms of gas poisoning on the field.

Hæmatemesis is also seen in patients suffering from purpura, particularly in infants, as a result of certain forms of injury by intestinal worms, in sufferers from hæmophilia, and in connection with abdominal injuries, and complications of abdominal operations. It may be mentioned that after operations on the nose, ear, throat, or teeth, blood is sometimes swallowed and then vomited.

It must be remembered that where there is ulceration or inflammation of any kind in any of the viscera or structures of the abdomen, perforation of the blood-vessels is likely to occur, causing hæmorrhage of varying degree, and when it enters the alimentary tract, the escaped blood will probably be vomited.

These cases always call for prompt and intelligent care. An urgent call would be sent for a doctor, with brief notes as to the nature of the emergency; where hæmorrhage is likely to occur as a complication, it is always wise for the nurse to ascertain beforehand the wishes of the attending medical practitioner with regard to treatment, should the necessity arise. This precaution saves time, and provides for perfect co-operation in treatment.

Pending the arrival of the doctor, the patient should be kept as calm and quiet as possible, and rest in a recumbent position, quite warm, but with a free supply of fresh air, avoiding draughts. It is useful to raise the foot of the bed on blocks or a strong stool, avoiding any jolting movements. Well protected hot water bottles should be applied judiciously.

Where there are symptoms of shock, the limbs may be banded firmly from below upwards.

Where there is much pain, a firm flannel binder applied round the abdomen will often give some relief; an ice bag or cold compress may be applied to the stomach and surrounding parts. Nothing should be given by mouth, but if the patient craves for a drink, a few tiny pieces of ice may be given to suck, though this is apt to aggravate the feeling of thirst later.

Between attacks, the mouth should be washed free of stale blood, and the vessel for discharge frequently

changed, the contents being covered, and placed for the doctor's inspection.

All nursing must be carried out with the greatest gentleness and quietness, avoiding fussiness, however, so that the patient may be reassured.

Saline solution, and all apparatus for administering it either per rectum, subcutaneously or intravenously, must be ready for use, close at hand and in perfect working order. Morphia and a hypodermic syringe should also be prepared ready for use.

The immediate care of cases of hæmatemesis varies but little in general.

Where perforation is thought to be the cause, the onset may have been noted before vomiting actually occurred. The usual symptoms of pallor, small thread-like pulse, and probably a teasing pain at a certain point, followed later by gasping respiration, clammy sweat, and almost imperceptible pulse. In these cases, a firm hand placed over the site of pain is often useful; nothing should be given by mouth, and if assistance is available, preparations should be made for immediate surgical interference. Every effort must be made to husband the strength, and to sustain calmness and restfulness.

In cancer of the stomach, the general symptoms of shock from hæmorrhage are usually less severe, though the termination of an attack may be fatal. The hæmorrhage in many cases appears to relieve pain; and once the initial shock is dealt with, the symptoms often disappear rapidly.

When the vomited blood has simply been swallowed, as this is returned the condition rights itself, and beyond nausea and headache, there are no general symptoms. The patient should have the matter explained, to avoid anxiety.

When the hæmorrhage is persistent and profuse, if sufficient help is available, an effort should be made to compress the main artery, but this and other measures will depend upon the conditions of the individual case.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Beth Kennedy, F.B.C.N., Miss Ethel McEnery, Miss M. James, and Miss P. Thomson.

Miss Beth Kennedy writes:—

In both hæmatemesis and gastric and duodenal ulcer the nurse takes the same steps. The patient should be placed flat in bed without any pillows. If dressed she should be left quiet for some time until all vomiting ceases. Then her clothes should be very gently taken off. Sometimes these may have to be cut so as to disturb her as little as possible. She should be kept very quiet, all relations being kept out of the room after help has been given to lift her on to her bed, and perhaps to undress her. It is very important to see she is warm, as after hæmatemesis she will be cold and clammy, very blanched and have a quick, weak, fluttering pulse and subnormal temperature. Her respirations may be of a sighing character. Hot-water bottles well protected by flannel covers should be placed round her and at her feet. The foot of the bed should be raised.

QUESTION FOR NEXT MONTH.

What is meant by apoplexy? How is it caused? Describe the symptoms, signs, and sequelæ, and the nursing care.

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