

Adrenalin and ephedrine also give relief of a temporary character, and such mixtures as potassium iodine and stramonium can be used with benefit.

Closely allied to dyspnoea are *Night Sweats*. These are a symptom of toxæmia and usually disappear when the patient is put on rest. They are relieved by placing a light rush mat under the sheet and also by giving the patient a light meal about 11 p.m., just before the temperature begins to fall. Drugs are of little avail, but zinc and belladonna as the pill is sometimes effective.

We now come to a symptom which is often regarded as a complication, namely, *Hæmoptysis* or *Hæmorrhage from the Lungs*. There are three types of hæmorrhage: (1) staining, (2) small free hæmoptysis, (3) profuse hæmorrhage.

The first type occurs most frequently in the fibrotic case. It may be just a little oozing from the mucous membrane, and be of no significance, on the other hand it may be the herald of a large free hæmorrhage. It is therefore necessary to regard it seriously.

The patient should be taken off all exercise and made to rest. The bowels should be fairly opened and if the staining continues calcium chloride intravenously is often very effective. The small free hæmoptysis calls for more complete rest in bed, and if recurrent a collapse of the lung by artificial pneumothorax must be considered. Inhalations of any nitrate are often useful.

The same remarks apply in a greater degree to free hæmoptysis, when an artificial pneumothorax should be done if possible. Artificial pneumothorax is the one treatment that is of real use, for if a collapse can be effected it not only stops the hæmorrhage, but it also prevents the spread of the disease and the broncho-pneumonia which follows due to the inhaled blood.

The use of sedatives in hæmoptysis is important. Some physicians will not use them, as they argue that it is not wise to stop the cough reflex. Others use them at the slightest show of blood. They have their use in calming a patient and they should be used at once.

It is most important that the nurse and doctor show no signs of alarm, for the patient should be reassured that there is no danger or anxiety.

When the first bout of a brisk hæmoptysis is over it is then important to consider A.P.T., but if fatal bleeding is occurring it must be attempted without delay.

The patient need not be put on absolute rest providing he will keep still, but should be in a comfortable position for coughing.

The diet need not be restricted, but heavy feeding should be avoided.

Cold compresses, ice bags, ice to suck are useless, except that the latter might be comforting for a dried and parched mouth.

Malaise is a symptom that occurs early in the disease and rapidly disappears with treatment. In the latter stages it is often persistent and difficult to eliminate.

Tonics will not do much good, but alcohol, properly administered, may be very comforting to the feeble patient nearing his end.

Dyspepsia generally takes the form of inability to digest carbohydrates. In the early case the symptoms disappear with rest, and all through the disease, rest has a remarkable effect on the appetite. Tryptase and Pepsin are of great use; and a light, nourishing diet may be required until the toxæmia has decreased. It may be the onset of abdominal tuberculosis.

Sleeplessness is due to cough and toxæmia, and must be treated by increased amount of rest and relief of the cough.

Pain due to pleurisy.

(To be continued.)

THE TUTORIAL GROUP.

HEALING AND TREATMENT OF WOUNDS.

The following paper was contributed by Miss E. Divens, M.B.C.N., Sister Tutor at the Royal Infirmary, Dundee, to a meeting of the Tutorial Group held at the British College of Nurses on February 24th.

The term "Wound" in surgery is applied to any injury inflicted on any tissue of the body, but it is generally restricted to injury of the soft parts, whereby the continuity of their structures is disturbed. In this way a wound may be of the skin, or superficial structure, or of the deeper underlying tissues. If the wound is deep seated, and there is no communication between it and the outside air, it is called "subcutaneous." In the great majority of wounds, however, the skin is involved. The following are the principal varieties of this class.

(1) The simple incised wound; (2) Contused wound; (3) Punctured wound; (4) Lacerated wound.

Incised Wounds.—Are those made with a sharp cutting instrument, such as a knife. The tissues are cut clean through, and the wound has well defined margins.

Contused Wounds.—Are those produced by a blunt instrument, and, though the word does not necessarily imply a breach of surface, that, too, usually occurs. There is bruising of the edges of the wound and of the surrounding soft parts, with hæmorrhage into the tissues.

Punctured Wounds.—Are those whose depth are greater proportionately than their superficial extent. They may be produced by long narrow sharp instruments, such as knives, swords, or daggers; and projectiles moving at high speed, such as bullets. These wounds have special dangers on account of their depth, involving special organs, large blood-vessels or nerves. In the case of bullet wounds bones may be fractured. It should be borne in mind that foreign matter, such as shreds of clothing, etc., and dirt, may be carried into the depth of the wound, and give rise to sepsis.

Lacerated wounds are usually of a serious nature; they are commonly produced by machinery accidents, and consist of tearing asunder of the tissues. This variety of wound is accompanied by bruising, sometimes injury to bones, and much shock.

The symptoms of wounds may be classified into two great divisions:—

(1) Subjective Symptoms, by which is meant those appreciated by the patient.

(2) Objective Symptoms, which are observed by others. The most prominent subjective symptom is pain.

"Pain."—The amount of pain experienced at first by a wounded patient depends to a great extent on the rapidity with which the wound occurs. This fact was well recognised in the days before chloroform, or any general anæsthetic was employed in surgery, for surgeons used frequently to be timed at an operation, and speed was a necessary qualification of a good surgeon. The nature of the accident may so shock the person's nervous system that his sensation is diminished, and this state of shock may last for hours, and may be so extreme as to cause death. A patient may have his wounds cleaned, sutured, and dressed shortly after an accident without suffering much pain, but when the shock has passed off, the parts are so tender that the use of drugs such as Morphine, etc., is often necessary. Generally speaking, a clean incised wound is often less painful than a contused or lacerated wound. The pain of a wound is chiefly experienced by the skin, the nerve supply of which is greater than the underlying tissues, though it varies in different parts of the body. The most sensitive parts of the body are the lips, tongue, eyelids, external genitals and anus. Wounds which pass

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