

cessation of bleeding. Various salines should be in readiness. Later, a diet and drugs to aid in the formation of blood, are usually prescribed.

Stimulants are not, of course, given.

Should breathing appear to stop, artificial respiration must be performed and persevered with.

Treatment will vary according to the particular emergency, the individual surgeon and the extent of urgency.

The patient must not be left and after the condition has yielded to treatment, a careful watch must be kept for the first sign of a recurrence.

Treatment of the particular emergencies under discussion are:—

#### (1) AFTER OPERATION FOR HÆMORRHOIDS.

If this is a general ooze, a firm gauze pad should be held firmly over the anus, or these pads may be wrung out of hot lotion 115 to 120F. and packed tightly. Gauze and wool plugs, impregnated with styptic are usually in use. These should be renewed and kept firmly in position, care being taken to see that the bleeding is really stopping and not merely being held up inside the rectum.

The usual preparations, including clamp forceps, ligatures, anæsthetic, etc., should be in readiness for the surgeon. A short petticoated tube is often used to plug the anal canal, the tube being transfixed at its outer end with a safety pin.

Secondary hæmorrhage, usually occurring as the result of ulceration and sepsis, usually yields to plugging.

In females, emergency measures may include control by the pressure of a finger in the vagina backwards against the sacrum, and in males, a finger in the rectum is often successful.

#### (2) ALONG THE TRACK OF A DRAINING OPENING IN THE ABDOMEN.

Every effort should be taken to avoid vomiting, retention of urine, sepsis, etc., as these all favour the onset of hæmorrhage. The particular symptoms and treatment will vary with the condition, and as to whether the hæmorrhage is primary, reactionary or secondary. Children and old people are usually the most serious of these cases.

Sterile gauze wrung out of hot saline and plugged round the tube is often ordered for this emergency and a tight binder should be applied. Less often cold is prescribed.

In an extreme case, when the surgeon is not immediately available, it may be necessary to remove the tube and plug tightly with gauze, and apply firm pads. Gauze soaked in Adrenalin is useful, applied with pressure. The most important point is the recognition of the initial symptoms, that immediate medical aid may be secured.

After treatment aims at:—

- (a) Promoting the rapid formation of new blood.
- (b) Preventing tissue waste as far as possible.

Rest is essential; special diets and various drugs are prescribed; and a skilled nurse of the right temperament is essential if the issue is to be satisfactory.

#### (3) RUPTURED VARICOSE VEIN.

This is an alarming condition, but usually yields to intelligent care.

The patient should be placed in a recumbent position, and if in the street, should be put to rest until a stretcher is available; any restriction of clothing above the wound should be removed.

A firm pad should be placed over the wound, and the limb firmly bandaged from below upwards, to just above the wound, the leg being kept well elevated. Owing to defects in the valves of the veins, the loss of blood will be copious from above, but can be controlled by pressure, pending surgical aid. In some cases, a tourniquet, improvised or otherwise, is necessary.

In taking notes for case sheets, it is useful if the nurse can find out whether the patient has any tendency to hæmophilia.

Intelligent nursing can do an enormous amount to prevent the occurrence of hæmorrhage in many cases, and to deal with it effectively should it occur.

#### HONOURABLE MENTION.

Miss D. V. Harding, S.R.N., F.B.C.N., The Infectious Diseases Hospital, East Ham, sends an excellent paper which merits Honourable Mention. We propose to publish it at an early date.

Honourable Mention must also be made of the paper sent in by Miss Winifred Moss, S.R.N., The Royal Infirmary, Leicester.

Miss Moss writes on Section 2:—

"Bleeding along the track of a drainage opening in the abdomen will, in the majority of cases, be of the secondary type of hæmorrhage, that is, occurring after the first 24 hours and is usually due to sepsis. Drainage tubes are placed in wounds at the time of operation when there is likely to be much exudation of serum, blood or pus. They are inserted into the cavity and then cut level with the edge of the wound. In the case of a very septic wound, the surrounding tissues may break down and there may be erosion of a blood vessel. Small recurrent hæmorrhages may occur before a profuse one, and if this is so the surgeon may have left instructions as to treatment if further hæmorrhage occurs.

"The patient should be reassured, a fresh packing put on and the end of the bed should be raised up and the patient kept very quiet.

"If a hypodermic injection of morphia has not been ordered, it should be measured out so that it can be given, if necessary, immediately the surgeon arrives. A dressing trolley should be prepared with all aseptic precautions, with some styptic, such as adrenalin, 1-1,000, in which the gauze may be soaked. If the bleeding vessel is a large one, it may be necessary to ligature it under an anæsthetic.

"Injections such as various forms of calcium salts, or horse serum may be also ordered to assist in the coagulation of blood and to arrest bleeding."

#### QUESTION FOR NEXT MONTH.

Describe symptoms of Sunstroke and Heatstroke and the usual treatment. Also permanent injury which may occur.

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