now and then. It is good for the convalescents to be so employed, as it relieves the tedium and monotony of their lives, and gives the nurse more time for those duties which cannot be delegated to others.

Patients who are making constant efforts to get up evidently require constant restraint. In those who make only occasional efforts the necessity for constant restraint is not so apparent, but it is no less real. One never knows the moment at which such patients may rush out of the door or jump out of the window; they should therefore always have a sheet so fixed that, while movement is not unnecessarily restrained, they cannot get out of bed without some trouble and without attracting attention by their efforts to do so. The convalescents should be directed to keep a watch on such cases, and at once apprise the nurse of any attempt to get up which she may not observe. The recent escape of a patient from the Hampstead Small-pox Hospital was possibly a result of the more chary use of the sheet in consequence of the outcry which has been made against it. This leads me to remark that, except in the case of children, it is not a good plan to send convalescents into special wards. They are often useful, and are never so apt to get into mischief, in the acute wards; for the proverb regarding Satan and idle hands is very applicable to hospital convalescents.

Restraint by the strait-jacket is a *dernier ressort*; but when the patient is so violent that other means fail, it becomes necessary. Such cases are fortunately comparatively rare. The jacket should be removed as soon as it can safely be dispensed with, and may from time to time be partially undone to see whether or not the patient may be allowed more liberty. It is an ugly agent, which I do not like, but which I have been compelled to use on one or two occasions.

In conclusion, I have no hesitation in saying that physical restraint is often absolutely necessary to prevent a delirious patient from injuring himself and disturbing all the other patients in the ward, and that a folded sheet is by far the best means by which the necessary restraint can be applied. It is the kindest thing that can be done to the patient, it is the best for the other occupants of the ward, and the easiest for the attendants. It should, however, never be had recourse to unless it is really required, and should never be applied except by the instructions and under the direction of the medical attendant. It cannot be left to the nurse to determine either the cases in which it is proper to use restraint or the amount which is requisite to keep the patient in bed.

The above remarks may tend to convey some idea of the difficulties and anxieties incidental to and inseparable from the proper discharge of the duties of a resident medical officer to a fever hospital. If they also tend to remove the impression which exists in the public mind against the use of physical restraint in the management of the violently delirious, the odium which at present attaches itself to such institutions will have been partly removed, an act of justice will have been done to a most useful and hardworking body of public servants, and the object of the present communication will have been fully attained.

Dundee, Nov. 1871.

ON HÆMORRHAGE FROM THE NOSE.

By G. R. GILRUTH, L.R.C.S.E.

HÆMORRHAGE from the nose, or epistaxis, may occur at any age. It occurs more frequently, however, in persons advanced in years. Although seemingly a trifling form of hæmorrhage, it sometimes proves both difficult to arrest and dangerous to life. It may come on spontaneously, or be caused by injury. In this paper I shall not speak of that which is caused by injury, but confine my remarks to the spontaneous form. In nature it is a hæmorrhage from a mucous surface. The Schneiderian membrane, or lining membrane of the nasal cavities, is a very vascular structure. To the influence of cold and of syphilis it is very susceptible, and readily inflames. As a consequence, whilst its vessels are over-distended it often happens that there takes place a copious discharge of blood. This discharge, when limited,

may have a salutary effect—being, in fact, a natural effort to get rid of a superabundance of blood; but when the quantity is large the loss may occasion serious consequences. The attack may be excited by stooping or by coughing. Sometimes there is no apparent cause. Some individuals suffer from periodic attacks; but in these, as little blood is lost, no harm results. The premonitory signs may be giddiness, weight or oppression in the forehead; sometimes these are absent. The plethoric seem to be liable, from having too much blood in the system; the anæmic, from having too little, or from an altered condition of the blood; the exhausted (by disease), from general weakness. Of the two cases which I saw lately, one was a plethoric man, the other a thin little man. Both were between sixty and seventy years of age, and in each the decay of nature was visible. The quantity of blood lost in each case must have been from ten to twenty ounces. The blood seems to be arterial, and readily coagulates. It may come from one or both nostrils; little comes by the mouth. The diagnosis is not difficult; it may, however, be confounded with the hæmorrhage depending upon syphilitic ulceration of the tonsils.

The treatment is simple. A piece of lint is rolled up so as to fit the nostril, soaked in the tincture of muriate of iron, and screwed tightly into the nasal cavity. If the blood come from both nostrils, a plug should be placed in each. Clots should first be removed. The plugs may remain in for four days. Breathing is carried on by the mouth. The blood around the plug becomes hard and black, and, as it were, seals up the nostril. Some surgeons recommend the upright position; that is to be objected to. The patient should be placed in the recumbent position, with the head low, because the blood appears to come from the mucous membrane at the fore-part of the nasal fossæ. The temperature of the room should be lowered, and acidulated drinks may be given. The plugs may cause sneezing and temporary sickness. Plugging of the posterior nares will seldom be necessary.

The following are the notes upon two cases:—

CASE 1.—During the afternoon of Saturday, the 6th of May last, I was asked to see (instead of Dr. David Gordon, who was from home) a Mr. S—, of Clerk-street, on account of bleeding from the nose. The patient, a stout old man, I found extended on a sofa, in an exhausted state, with cold-water cloths laid over the forehead. The bleeding had just ceased. The patient had lost a large quantity of blood before being conveyed home. He had been in his usual health on going out. The right nostril was closed by a clot, which was not disturbed, and the patient told to lie quietly upon the sofa. Shortly afterwards I was again asked to see Mr. S—. The bleeding had returned, the cold-water cloths not having the power of arresting it permanently. He had risen for his spectacles, used his handkerchief, and in doing so displaced the clot. A piece of lint was rolled up, soaked in the tincture of muriate of iron, and screwed into the right nostril, from which flowed the blood. The bleeding was at once arrested; but the patient became faint, suffered from hiccough, his breathing became laborious, and to all appearance he was dying. He soon rallied, however, and then ejected a quantity of black fluid, evidently blood which had been swallowed, and acted on by the acid in the tincture. The administration of brandy in water prevented a return of the faintness.

Dr. Gordon afterwards saw the case, and was kind enough not to interfere with this method of treatment. The plug was removed on the fourth day. The patient gradually recovered.

CASE 2.—On the morning of Friday, the 11th of August last, I saw a Mr. B—, of St. Mary's-street. He was bleeding from both nostrils. Plugs of lint, soaked in the tincture, were inserted into the nostrils; after which there was no more bleeding. The blood had been flowing for hours. The uvula and the left tonsil were inflamed. An acid mixture—instead of the tincture of iron, as in the first case—was prescribed. The patient soon regained his health.

The rationale of the treatment is plain:—First, there is the pressure from the plug of lint; secondly, there is the styptic effect of the tincture of iron; and, thirdly, the position of the patient.

Buccleuch-place, Edinburgh, Sept. 1871.