Treatment of epistaxis / A.A. Herzfeld.

Contributors

Herzfeld, Alfred Abraham. Royal College of Surgeons of England

Publication/Creation

Chicago: American Medical Association, 1909.

Persistent URL

https://wellcomecollection.org/works/jzskqvmn

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. Where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



TREATMENT OF EPISTAXIS

A. A. HERZFELD, M.D.

NEW YORK

By far the greatest number of cases of nose-bleed have their origin in the anterior cartilaginous portion of the septum, in the so-called locus Kiesselbachii. Small hemorrhages are easily controlled by the repeated application of a small pledget of cotton moistened with a mild astringent solution to the bleeding point. In the last few years adrenalin solution-1 to 1,000-has been used for this purpose, also a 2 to 4 per cent. solution of cocain hydrochlorate. The cocain solution is efficient in many cases, but has a number of disadvan-Heydenreich recommends the application of sodium perborate to arrest hemorrhage after operations in the nasal cavity.

In some cases of severe bleeding it is difficult to locate the bleeding point exactly. In such cases, by means of an ordinary powder insufflator, I inject the sodium perborate powder directly into the nasal cavity. Immediately after the insufflation a grayish-white foam issues from the nose, due to the oxygen produced. This oxygen in its nascent state covers and exerts a certain pressure against the bleeding point and the hemorrhage is ar-

rested.

In a case of serious hemorrhage from the nasal cavity in a woman of 48, with sclerotic arteries and in the menopause, I resorted to the tampon, which I applied in the following way: A strip of aseptic gauze one-half inch wide was moistened with a 2 per cent. solution of boric acid and this strip I covered with powdered perborate of soda and introduced into the nasal cavity. I packed it lightly, into the anterior nares in an upward The hemorrhage ceased immediately: the tampon was removed the next day. Before removing such a tampon it is advisable to moisten it with a mild antiseptic solution by means of an atomizer.

224 West Twenty-fourth Street.

Reprinted from The Journal of the American Medical Association, March 13, 1909, Vol. LII, p. 890

Copyright, 1909 American Medical Association, 103 Dearborn Ave., Chicago

^{1.} Deutsche med. Wchnschr., 1908, No. 3, p. 114.

The second secon to the my deplete of the region of the large with the state