Emergencies : How to Treat Them.*

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My subject is "Emergencies: How to Treat Them," and at a first glance the pharmacist may well ask, "What has that to do with pharmacy?" And, on the other hand, the physician who has not comprehended in its fulness the great purpose and object of his calling may throw up his hands in horror at the thought of the pharmacist rendering aid to the injured and thus apparently depriving him of a portion of his bread and butter. But upon a moment's reflection the pharmacist will readily see that while a knowledge of "emergencies and how to treat them" may not throw any great light upon the scientific side of pharmacy, it may nevertheless have a great deal to do with the peace of mind of the pharmacist and with his standing in the community, and hence bear directly on his pocket-book, either for "weal or woe." In other words, it has to do with the practical rather than with the scientific side of our profession.

The American pharmacist is universally recognized as a public servant, and in order to maintain the dignity of his calling he must be ever ready to meet intelligently all emergencies, from the selling of a postage stamp at midnight to the administration of the proper antidote for hydrocyanic acid poisoning, But aside from all speculation, it is a fact that the pharmacist is the man who is often called upon suddenly, and when he least expects it, to come to the relief of some one who has met with some grave injury, either from accident or design; and if he is not informed to a reasonable extent, he is likely to make a blunder that will cost him his reputation and the unfortunate victim his life. Furthermore, there is absolutely no good reason why the pharmacist should bear having his hands tied with the claims of ignorance and allow his fellow-man to perish or valuable time to be lost, simply because a physician who has not the proper conception of his calling may think of objecting to the pharmacist rendering aid to his patient in cases of emergency.

Now, since the pharmacist is in point of fact the man who is most often called upon to render aid while the physician is being summoned, it becomes important that he should be fairly conversant with at least the principles underlying the proper treatment of emergencies that are most often met with. The field of emergencies is a broad one, and it is beyond the province of this paper to comment on all of them or even to mention them. I shall, therefore, refer briefly to a few only of the more common ones, such for instance as the arrest of hemorrhage of traumatic origin. I consider this first, because the pharmacist is not infrequently called upon to render aid in emergencies of this nature, and if he will but act promptly and with judgment, he can not only save the life of the patient but he can also render the services of a physician more valuable in the after treatment of the wound, while at the same time bringing credit and satisfaction to himself.

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BLEEDING WOUNDS.

Suppose a man is brought to your door with a frightful wound of the forearm which is bleeding profusely. What will you do? The man may bleed to death before a physician can be summoned; prompt action is necessary. The pharmacist need not stop to reflect as to what artery has been severed or as to whether the wound is incised, lacerated or punctured. These are all in order for the physician, but to the pharmacist the great indication is to arrest the bleeding until the physician arrives. And he must not be carried away by the confusion of the moment, else he will be seen grasping a bottle of Monsell's solution, glycerite of tannin or some other styptic, and very diligently pouring it into the wound—which would be a great mistake, as styptics are only useful in parenchymatous bleeding (*i. e.*, capillary oozing) and not in arterial or venous hemorrhage; and even in parenchymatous bleeding they are not to be used if other means are at hand for controlling it. On the contrary, the pharmacist who is properly informed and keeps his presence of mind will promptly tie an Esmarch elastic bandage around the arm just above the elbow, or if no Esmarch is at hand, he must simply use his common sense and make use of a piece of rubber tubing that he may have about his percolators, or if he has none of this he can run to the show case and take the rubber tubing off a fountain syringe and tie it tightly around the arm. The point to be remembered is that an elastic bandage of any kind is more efficient in controlling hemorrhages than one that is non-elastic, and if the pharmacist remembers this he can usually find means of applying it, even if he be forced to use his own suspenders.

After the bleeding is somewhat under control, the pharmacist should at once turn his attention to the wound itself. And right here is where he can make himself of immense value or of equally great detriment, depending on whether or not he understands the principles underlying modern antiseptic surgery. If the pharmacist protects the wound properly, he will not only not be supplanting the physician, but, on the contrary, he will be making the physician's work more valuable to the patient and more pleasant to the physician himself.

ANTISEPTIC DRESSING.

The pharmacist is not the judge as to whether the wound is or is not already infected, but it is duty to make an effort to prevent any further opportunities of infection after it comes under his care, and to this end he should simply cover the wound with sterilized gauze, if at his command, and if not, then he can quickly make an antiseptic solution of bichloride of mercury (1 to 2,000 or 1 to 3,000), dip some clean absorbent cotton into it and cover the wound, allowing it to remain until the physician arrives. At all events, he must make no attempt to close the wound, especially with ordinary adhesive plaster, as this is beyond his sphere and likely to result in damage to the patient.

And right here I want to condemn in no uncertain language the practice of covering a wound, be it ever so small, with adhesive plaster that has been moistened with the saliva of either the patient or the pharmacist. This may seem a trifling matter, but is a common practice among the laity, and even among persons who should certainly have better judgment and training. The practice is not only a filthy one, but is also the cause of no considerable amount of suffering, as the saliva is especially rich in pathogenic germs.

The treatment that I have described for a wound in the forearm may be applied with proper variation to wounds of any part of either extremity. But suppose the wound is in the neck, or some other locality where pressure cannot be utilized in the manner mentioned, then what shall we do? In answer it may be said that the underlying principle is the same. It is pressure that we want, and we may get it by packing the wound thoroughly with sterilized gauze or with clean absorbent cotton wet in an antiseptic solution, or if neither is available, then the pharmacist may place his thumbs in the wound, and thus close the bleeding vessels; however, this is a dangerous