

Elementary Anatomy,

AS APPLIED TO NURSING.

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LECTURE V.

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ON the other hand, pain is sometimes so great as to require the patient to be kept more or less constantly under the influence of opiates; and, in such cases, the Nursing is all important, not only in keeping the patient properly nourished, but in preventing the exposure of the wound to a greater extent than is absolutely essential.

In simple cases there are generally three well marked stages: at first and for the first few hours there is depression, accompanied by congestion around the affected part. The patient suffers from the shock of the accident, and this, as a rule, whenever the *cutis vera* is implicated, is more or less considerable. Next comes the stage of reaction and inflammation, which usually lasts from the second day to the second week; the patient recovering from the first effects of the accident and the resulting wound becoming, as a rule, more or less inflamed. The third stage is that of suppuration, which is usually accompanied by more or less exhaustion, due, of course, to this drain upon the strength. It is, therefore, easy to understand that the treatment, and especially the Nursing, must depend, to a considerable extent, upon the patient's condition. At first, stimulants, hot water bottles and such like artificial means of warmth are necessary to revive the depressed nervous system; then, cooling drinks and febrifuge medicines and often evaporating lotions to the wound are generally needed; finally, perfect cleanliness of the suppurating wound and frequent nourishment with stimulants and tonics are required to support the patient's strength. But the first principle and the most essential of all in the treatment of burns is, as far as possible, to exclude air from the raw surface. This is important even in these days of improved cleanliness and lessened germ activity. It was imperative in former days, when wounds of every sort were more liable to become infected by bacterial life. As a rule, the simpler the application the better, and the longer it can be maintained the greater will be the benefit to the patient. Formerly, zinc ointment or carron oil used to be the most favoured applications; carbolic oil is generally inadmissible, because the acid may be absorbed by the open surface, and, therefore, do more harm than good, even inducing symptoms of poisoning. For slighter wounds, in which the skin does not seem to be broken, it is well to smear the surface with oil and then dredge flour freely over it. By

this means, a cake is formed over the surface, and the application of a flannel bandage over this will complete a dressing, which may be left on for some days. Where, however, the skin is broken, that is to say, where the burn is of the third or any further variety, it will be difficult to keep any dressing on for any length of time because of the discharge, which will take place from the open surface, and this must be kept clean to prevent harmful results to the patient. The cardinal rule to remember in dressing burns, whatever be their extent or severity, is that as small a surface as possible should be exposed to the air, at the same moment. Consequently, whatever application is used should be employed with strips of lint, which can be removed separately, the underlying surface cleansed, and a new strip applied before any other part of the wound is exposed to the air. It is well always to give the patient some nourishment before dressing a bad case of burn, and to have stimulants at hand in case he becomes faint during the process; because in some cases this faintness is of a very severe and persistent character, owing to the nerve depression, and to the weakness of the patient.

Some of the worst forms of scalds occur in the case of children who, amongst the poorer classes, seem to have an especial predilection for drinking boiling water from a kettle, the result being that the fauces and glottis become inflamed and greatly swollen. In some cases, the swelling is so great that respiration is impeded and rendered almost impossible. Consequently, the great danger in such cases is that the child will become suffocated, and the careful application of an ice bag, or of Leiter's coil, or of whatever other remedy the doctor prescribes for the throat, is of the first importance. The Nurse, in such cases, should watch the child's respiration most carefully, and not content herself merely with observing that the breathing is rapid, but should notice the effect of the breathing upon the chest and abdomen. When the air enters the lungs with difficulty, the nostrils are dilated and the mouth kept widely open, so as to enable the patient to obtain as free a passage of air as possible into the chest, and these signs should always be noted as indicating the difficulty of breathing. But, in children, we find also in such cases, in a greater degree than in adults, another sign. The chest walls and upper part of the abdomen, sink in deeply from the insufficiency of the air which is entering the chest, and this must always be looked upon as a sign of the greatest gravity, and whenever noticed should be reported to the doctor *at once*. In a great many cases of scalded throat in children the operation of tracheotomy has to be performed in order to save the child from being suffocated. The operation is a very simple one, and the immediate results seem sometimes magical, by the relief which is given. The child's head is drawn back and the

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