

Appointments.

MATRONS.

Miss Marlow has been appointed Matron of the Kingswood District Nursing Association, Bristol. She was trained at the Royal Hants County Hospital, Winchester, where she has held the position of Sister and Night Superintendent. She has also held appointments at the Fountain Fever Hospital, and at the Victoria Home, Broadstairs.

Miss R. C. M. Reid has been appointed Nurse-Matron of the Memorial Cottage Hospital, St. Andrews, Fife. She was trained at St. Thomas's Hospital, London, and has held the position of Sister at the Hospital for Women, Liverpool, Sister in the Deaconess Hospital, Edinburgh, and is at present Matron of the Cottage Hospital, Axminster.

NURSING SISTER.

Miss Florence Ellen Seymour has been appointed Nursing Sister in Queen Alexandra's Royal Naval Nursing Service.

HEAD NURSE.

Miss Fletcher, who was one of the King's nurses during his recent illness, has been appointed Head Nurse at King Edward Seventh's Hospital for officers of the Royal Navy and the Army, recently opened at 9, Grosvenor Gardens, S.W.

Queen Alexandra's Imperial Military Nursing Service.

The following appointments and changes of station have been made in the above Service:—

APPOINTMENTS.

STAFF NURSES.

Miss M. E. Richardson posted to Royal Herbert Hospital, Woolwich; Miss L. M. Moor posted to Royal Arsenal, Woolwich.

CHANGES OF STATION.

MATRONS.

Miss M. C. S. Knox, R.R.C., from Cambridge Hospital, Aldershot, to Western Heights, Dover; Miss G. E. Saunder, from troopship *Plassy* to Portsmouth; Miss A. E. Tait, from troopship *Plassy* to York.

SISTERS.

Miss E. C. Stewart, from troopship *Plassy* to Cambridge Hospital, Aldershot.

STAFF NURSES.

Miss E. M. Bickerdike, from the troopship *Plassy* to Royal Herbert Hospital, Woolwich; Miss A. F. Byers, from Royal Herbert Hospital, Woolwich, to Royal Arsenal, Woolwich; Miss A. E. Fitzgerald, from Woolwich to Cambridge Hospital, Aldershot; Miss M. L. Harris, Portsmouth to Royal Herbert Hospital, Woolwich; Miss A. A. Wilson, Royal Arsenal, Woolwich, to Royal Herbert Hospital, Woolwich.

Burns and Scalds.—II.

By Miss HELEN TODD,

Lecture to Probationers, National Sanatorium for Consumption, Bournemouth.

At our last lecture we briefly considered the nature of injuries produced by excessive heat; to-day we pass on to the duties of the nurse in dealing with such cases.

It will be useful in the first place to recapitulate the chief dangers and complications which may cause a fatal termination to the illness, and then, whilst they are fresh in our minds, to note how we may best combat them.

Danger to life may arise from—

a. The intensity of the burn itself, or suffocation from smoke.

b. Shock, during the first forty-eight hours; this varies with the age, sex, and general health of the patient, and also with the position and superficial area of the injury.

c. Congestion and inflammation of the internal organs, causing, perhaps, pneumonia or ulceration and perforation of some part of the digestive tract (from the sixth to the eighth day).

d. Septic absorption, at any period of the illness, especially if a joint be involved.

e. Secondary hæmorrhage, when the sloughs separate.

f. Exhaustion, if there be prolonged suppuration.

It is more than probable that the nurse will see the patient before the doctor can arrive, and it is therefore necessary that she should have her plan of campaign ready in her mind so that no time be lost in dealing with the emergency.

If the patient be at all severely burnt you must promptly do what lies in your power to minimise shock, then turn your attention to the removal of the burnt clothing and the immediate protection of the seat of the injury from the air by means of a suitable dressing.

Shock.—Of course, the first thing is to get the patient to bed, wrap him in warm blankets and surround him with hot-water bottles; if the shock be very severe you can safely give some stimulant, such as brandy $\frac{z}{ss}$. or sal volatile $\frac{z}{j}$., and repeat in thirty minutes if the doctor has not arrived and there be a weak and fluttering pulse.

If the patient be unable to swallow, you will do no harm by administering, very carefully and slowly, a nutrient enema of brandy $\frac{z}{ss}$., in coffee or beef-tea $\frac{z}{ij}$. (unless the abdomen be the part burnt).

If, however, the pulse be fairly good, and the patient does not appear to be in danger of collapse, stimulants, except under medical direction, would be a mistake, as they might increase any tendency towards inflammation; beef-tea or hot milk should be given instead, as soon as the patient is comfortably settled in bed.

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