

Very great care is requisite in the removal of the clothing. Do not hesitate to cut it when necessary either to avoid causing pain, or to obtain greater expedition; it has probably already been ruined by the action of the fire.

Any charred remains will best be removed by using a syringe and warm boracic lotion, or, if it be a foot, leg, hand, or arm that is burnt, immersion in the lotion will help to bring away the fragments of clothing.

The addition of a teaspoonful of common salt to the bath will do much to allay the pain and smarting caused by the action of the lotion on the surface of the wound.

Have an emergency dressing of eucalyptus ointment, or boracic ointment,  $\frac{1}{2}$  strength, spread on strips of clean lint or linen, and apply to each burnt portion *at once* as it is uncovered.

The immediate dressing of the wound will not only help to avoid sepsis, but it will also do much to lessen the pain and shock consequent from the injury.

You will find that almost, if not quite, without exception nursing manuals recommend the use of carron oil as a first-aid dressing for burns and scalds. I cannot impress upon you too strongly the danger of such a course; it is practically impossible to prevent the occurrence of sepsis in wounds to which this has been applied.

Carron oil is a mixture of linseed-oil and lime-water, equal parts; (so called because it was first used at the Carron Ironworks in Scotland by the workmen employed in casting small cannon). It is anything but aseptic; indeed, Christopher Heath styles it "an exceedingly nasty application," whilst Cheyne and Burchard speak of it as "a filthy application, responsible for a great deal of the mortality after burns." The same writers strongly condemn the use of poultices, water dressings and dusting with flour.

In burns of the first and second degrees anti-septic lotions are not required; if the skin be only scorched and reddened protection from the air will in many cases relieve the pain, or the smarting may be allayed by thickly dusting the surface with bicarbonate of soda and boracic powder, and then covering with wool or lint. Glycerine, too, is useful in this connection—it should be painted over the part, and a dressing of lint applied.

If blisters have formed, you should snip them at the lowest point, draining off the serum on to a piece of absorbent wool. Be careful not to make a larger opening than is necessary, nor to cut off any part of the raised layer of cuticle, for this should be left to protect what would otherwise be an exceedingly raw and painful surface.

After evacuating the fluid, apply a dressing of weak boracic or eucalyptus ointment spread on lint, and cover it with a good layer of white absorbent wool and a bandage.

If the burn is of a more extensive character, or has caused injuries of a greater degree, you must remember how all-important it is that the wound be kept aseptic until the surgeon can treat it. If you know that he will soon be at hand, and the part affected be such that it can conveniently be immersed, keep it in a bath of boracic lotion at a uniform temperature of 100 deg. Fahr., not forgetting to add a little common salt to the lotion; or you may safely apply a dressing of cyanide gauze wrung out in 1 in 6,000 sublimate solution, and covered with absorbent wool.

On no account leave such a patient alone, but carefully watch his pulse, temperature, and respirations.

The surgeon will probably give the patient an anæsthetic and thoroughly clean up the wound before applying the particular form of antiseptic dressing preferred by him.

The different dressings and the methods of application will be considered next week.

### Opening of the New Offices of the Registered Nurses' Society.

It is now just ten years since the Registered Nurses' Society was founded for the benefit of members of the Royal British Nurses' Association wishing to work as private nurses in London. The Society began with about thirty members, and occupied offices at 269, Regent Street for nearly ten years of its existence. Under the able management of Sister Cartwright, steady progress has been made each year, until there are now 100 members on the staff. A distinctive feature of this Co-operation is that it is co-operative in practice as well as in name. The nurses form the Society, have representation on the Committee, and are thus the members of the Society, and not merely the employees of a committee. They are encouraged to take an active interest in their own affairs, and do so as far as it is possible for private nurses, whose time is, of course, seldom their own.

Owing to the increase of the Society's work, new offices have been taken at 431, Oxford Street, most conveniently situated for members and doctors, and on Thursday next, the 28th inst, it will celebrate its tenth birthday by an At Home, at which the new offices will be informally opened at 4.30 p.m. It is to be hoped that as many of the nurses as possible will be present to do the honours, and show their friends the beautiful bright rooms at which their Society is now located.

If any friends in the country are disposed to send flowers to the office on the previous day (Wednesday, 27th inst), they would be greatly appreciated for decorating purposes.

[previous page](#)

[next page](#)