

also 74 cases of fatal poisoning attributable to gas in domestic use. The number of non-fatal accidents and permanent disabilities occurring in the home is, of course, many times greater than the figures quoted.

Measures Necessary to Deal with the Problem.

Accidents in the home are caused mainly through the personal carelessness or negligence, physical frailty or infirmity of some individual, not necessarily the victim; the bad design or misuse of appliances and equipment; defects in the structure or maintenance of buildings and overcrowding, particularly where children and old people are concerned. Information and advice about safe practices in the home with special reference to children and the aged is one of the chief aims.

The inexperience of childhood and the infirmity of old age underline the need for special care on the part of those who are in any way responsible for the safety of the young or the elderly. Almost all home accidents can be attributed to lack of care and knowledge or faulty household equipment, and the unnecessary toll of lives can easily be avoided by a little forethought. The importance of habit training and good example in the case of young children is as important in home safety as it is in road safety and should be borne in mind by all who are concerned with the health and welfare of young children.

It is generally agreed that the majority of all home accidents can be prevented and most accidents happen because someone or something was at fault. To reduce home accidents, avoidable hazards need to be eliminated or minimised and unsafe actions or practices changed to safe ones.

An obstacle on the staircase, loose mats on slippery floors, unguarded fires, loose stairs rods, makeshift electrical repairs, torn or worn floor coverings, overhanging tablecloths, standing on rickety chairs, insufficient care in handling hot fats and liquids are just a few examples of common dangers which need never arise.

About two in every five deaths from burns occur from clothing catching fire from a domestic open fire, gas fire, stove or electric fire and this points to the necessity of providing guards to all heating appliances, particularly where young persons and elderly people are concerned. The exact number of non-fatal accidents in Great Britain in each year is not known.

The danger of the unguarded fire has attracted particular attention, and legislation is now in force aimed at preventing people in charge of children under 12 years from allowing a child to be in a room containing inadequately protected heating appliances. The law also provides for the supply of better guarded domestic appliances but its effects will necessarily be gradual and it does not prevent the continued use of existing unguarded or ill-guarded fires and heaters in the home where they are already installed.

However much may be done by the Government and local authorities to control the use of dangerous equipment, no amount of careful design can entirely eliminate the human factor and the final responsibility for seeing that accidents do not happen is in people's own hands. Badly designed or worn out equipment should have no place in the home.

The majority of people do not visualise the serious consequences which may come from the careless use of everyday things in the home and it is with the object of focusing the attention of everyone on the problem that the L.C.C. is holding its campaign as a special addition to what is done continuously in the course of day-to-day health service work.

What the L.C.C. has done and is doing.

The Council, in common with other official and voluntary bodies, has paid much attention in recent years to the prevention of accidents in the home as constituting an important public health problem and education in this field is now

regarded as part of the general health programme. The view taken was that the best contribution that could be made to a solution of this problem was by the education of the individual in the home through the personal approach of the health visitor and other persons such as sanitary inspectors, midwives, district nurses, home helps and other persons in close contact with the home, and the Council's home visitors are encouraged, particularly in the homes of the aged and the very young, to draw attention to any accident hazard which they may observe.

The effective promotion of home safety requires the concerted efforts of many official and voluntary agencies and the divisional officers of the Council are encouraged to contact the many organisations who have an interest in reaching a solution to this problem. Opportunities are taken at the welfare centres, where mothers attend with young children, to stress the importance of home safety and talks are given there from time to time supplemented by visual aids.

A survey is at present in progress from which it is hoped to derive useful information to determine necessary preventive measures.

To supplement the everyday efforts of the health workers and others, it was decided to hold annual intensive campaigns with the object of encouraging the public to think more seriously about the need to take precautionary measures in their homes. Further details about the campaign which is to be held during the week commencing 14th November will be announced later.

The General Nursing Council for England and Wales.

Final State Examination for the General Part of the Register—(continued)

(FEMALE NURSES.)

Wednesday, October 5th, 1955.

Afternoon.

General Nursing.

(Third Paper.)

Note—Candidates must attempt five questions and not more than five.

1. Discuss the importance of diet in the following conditions:—
 - (a) diabetes mellitus;
 - (b) ulcerative colitis;
 - (c) infective hepatitis.
2. Describe the treatment and nursing care of a patient admitted to hospital suffering from severe haematemesis. Mention the particular responsibilities of the nursing staff with regard to such a patient.
3. A patient has been admitted to hospital with a severe head injury. Give an account of the nursing care and treatment required during the first 48 hours.
4. Describe the pre-operative and post-operative nursing care required for a patient admitted to hospital for haemorrhoidectomy.
5. For what purposes is dilatation and curettage performed? Describe the post-operative nursing care and mention the complications which may occur.
6. Describe the procedure of continuous gastric aspiration. In what circumstances may this be required?
7. "The hospital should do the patient no harm." Discuss this statement.

(MALE NURSES.)

Wednesday, October 5th, 1955.

Morning.

Medicine and Medical Nursing Treatment.

(First Paper.)

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