

slough, granulation and healing." These writers show clearly that, although the patient is undoubtedly liable to danger from sepsis (due to various causes), yet the heat at the time of the injury then renders the part affected aseptic, and proper surgical treatment from the beginning should tend to keep it so and thus minimise the risk.

(a) *Shock and congestion.*—In speaking of the first of these constitutional effects it is necessary to bear in mind that the shock from burns is very largely due to fright caused by the accident, and, as Miss Stewart points out ("Practical Nursing," Vol. II.), "this is greatest when the patient has seen the fire approach and has been unable to escape, or when the clothes have caught fire and a little time has elapsed before it has been extinguished." Shock is also frequently proportional to the superficial extent of the injury, this being especially the case with scalds.

Children, delicate persons, and old people are peculiarly liable to suffer extremely, and even to die, from shock.

Symptoms.—The patient is cold and pale with a feeble and fluttering pulse. If the shock be extreme he will feel no pain, but, becoming unconscious, will die in a few hours. More frequently, he will suffer intense agonies, especially if the burn be of the third degree, and complain of great thirst, which it is exceedingly difficult to relieve. During this stage there may be congestion of the internal organs, especially of those situated near the seat of the external injury; thus in abdominal burns the peritoneum and abdominal organs may become congested, or the lungs and pleura when the chest is burnt. This stage lasts from twenty-four to forty-eight hours, but much can be done to shorten it by suitable treatment.

(b) *Reaction and inflammation.*—As the patient recovers from shock, signs of fever usually begin to appear—*i.e.*, a rising temperature, a full, strong, and rapid pulse and continued thirst; the tissues round the injured part become inflamed, and the internal organs which were congested in the first stage (or liable to congestion) may now become inflamed, causing grave danger; this is especially the case with the duodenum, which may ulcerate and perforate just below the entrance of the bile-duct, death taking place from this cause about the tenth day after the accident. As a rule, however, this second stage lasts from four to six days, the dead tissues now beginning to slough extensively.

(c) The final stage should be *Separation of the sloughs, granulation, and the beginning of the healing process.*—It is generally a long and tedious business, especially when a large area is involved. As we have seen, this was a period of very great danger in the old days when burns were expected to suppurate freely, for, if the patient did not die from sepsis, he too often succumbed owing to the exhaustion and prostra-

tion produced by extensive and prolonged suppuration. Even now great care is necessary to avoid these conditions, and much depends upon the nurse's care as well as upon the skill of the surgeon.

In private life, in district work, or perhaps as nurse in charge of a cottage hospital, it may so happen that you are brought a burnt or scalded patient and must act before a doctor can arrive. In these cases promptitude is everything, and a wrong dressing may cause a septic wound; therefore, next week I propose to deal with your duties in rendering "first aid" to such a patient, and to endeavour to give you some guidance as to the subsequent nursing.

Magna est Veritas et Prevalebit.

Nothing that I have heard for a very long time has pleased me more than the return of the R.B.N.A. to the aims we had in view when we originally founded it. The ideal, right or wrong, we saw before us in our imagination when, 17 years ago, alas! I balanced myself on the edge of the fender and discussed with three kindred spirits the formation of a *Nurses' Association* and incidentally the "legal status of nurses," or rather the lack of it. I can see those friends now; their eagerness and enthusiasm, and the dash of caution and cynicism one supplied; the elaborate care with which we drew up the invitation to the Matrons; the firm belief in ourselves, our cause, and our work which animated us. Much has been said in rather sturdy prose respecting the founding of the R.B.N.A.—the B.N.A. it was in those days—and the objects which it had in view; but few, I believe, have appreciated the excitement and delight with which some of us hailed it, hoping that in its councils we should find a solution for many, if not most, of the professional troubles and difficulties that beset us.

I was younger in those days; nursing, as a profession, was young too, and I had a very high ideal of a perfect nurse. But surely, I thought, time must evolve her; and we were sanguine that higher personal professional responsibility would certainly set her on the right path. I have a drop of revolutionary blood in my veins, and, even when we were making all sail for a Royal Charter, I had a secret longing for an Act of Parliament, that British panacea for every evil under sun—a desire that was then held to be an impossible ambition.

We were very keen, and, even if we were enthusiasts, we did our best to be business-like, and toiled hard at our committee meetings and at the work of organisation. Turning back in my mind to those days, I know that we were very conscientious, and believed earnestly that it was our duty to go forward with the reform we had undertaken, that we were in honour bound to

[previous page](#)

[next page](#)