

## Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Rowena J. Lush, University College Hospital, Gower Street, W.C., for her article printed below, on

### HOW ARE BURNS USUALLY CLASSIFIED?

Burns are usually classified into six degrees.

*1st degree.*—Erythema or mere reddening of the skin due to increased flow of blood to the part through the dilated blood vessels. The tissues are not destroyed at all, so there is no resulting scar.

*2nd degree.*—Vesication or formation of blisters due to the production of a collection of fluid under the horny layer of the skin. No scar is formed. The horny layer peels off, but is soon replaced from the deeper layers. There may be some slight change in the colour of the part.

*3rd degree.*—Partial destruction of the skin. Burns of this degree are the most painful as the nerve endings are injured, but not destroyed. A scar forms, but as the scar tissue contains all the elements of the true skin there is no contraction.

*4th degree.*—Complete destruction of the skin. Ulceration occurs beneath the sloughing skin. This (the whole skin) is yellow like parchment. The nerve endings are destroyed, so there is not so much pain as in burns of the third degree. The scar which forms is composed of dense fibrous tissue, therefore unless the surface is skin grafted extensive contractions and deformity result.

*5th degree.*—Penetration into and implication of the muscles. Patients seldom survive such a burn unless it be possible to amputate the part. In even a favourable case there must of necessity be much deformity from contraction, and great scarring.

*6th degree.*—Charring of the whole limb. The burnt part comes away by ulceration as in gangrene.

No paper about burns would be complete without mentioning the constitutional effects. These effects are in many cases really of far greater importance than the burns themselves. They may also be classified into degrees.

*1st degree.*—Shock and congestion. After a fairly extensive burn the patient suffers greatly from shock, and often passes into a comatose state and dies. Much congestion is found and increase of red corpuscles.

*2nd degree.*—Reaction and inflammation. Patient recovers from shock in 48 hours or less, but the temperature rises and inflammation sets in.

*3rd degree.*—Exhaustion and continued suppuration exhausts patient, or he may die from inflammation of the lungs or intestines, or secondary hæmorrhage.

We highly commend the papers by Miss Paxton, Miss Mary Kent, Miss Lukey, Miss M. Punchard, Miss M. Atkinson, and also commend those of Miss E. Martin, Miss E. E. Please, Mrs. Jennings, and Miss Carmichael.

Miss Paxton mentions that a burn is an injury produced by the action of solids, liquids, or gases at a high temperature, or by acids, also that fever is usually present due to the absorption of toxins from the sloughing sores, thus the patient is liable to all kinds of infection, *e.g.*, pneumonia, congestion of the brain, stomach, intestine, leading to vomiting and diarrhoea, whilst ulceration of the bowel, and even peritonitis may supervene.

If "burned to death" the patient usually dies from asphyxia. Death may also occur from shock or heart failure, internal complications, and ulceration of the duodenum.

Miss M. Punchard notes that when there has been much shock the reactionary stage is dangerous after the first 24 hours, the high temperature and drowsiness arising from putrefaction and absorption.

After the reactionary stage, the degree of suppuration is dangerous, giving rise to blood poisoning or death from exhaustion.

Miss M. Atkinson points out that extensive burns, even if superficial, are very dangerous, also that the process of dressing is often most painful, and the nurse will show her excellence by her delicacy of touch, rapidity, and gentleness.

Miss Mary Kent writes that burns vary in their effect according to their depth, extent, situation, and the age of the patient. An extensive though superficial burn on the trunk, head, or face, especially in a child may be more serious than a deeper but limited burn on the extremities.

Miss E. E. Please refers to the fact that scalds of the throat, from drinking boiling water out of kettles are very common with children, and are generally fatal from suppuration as well as shock.

### QUESTION FOR THIS WEEK.

What are the chief points which should be emphasised when visiting the homes of the poor by a nurse who is engaged in combatting tuberculosis?

Rules for competing for this competition will be found on page xii.

[previous page](#)

[next page](#)