

The need for separate douching apparatus, and the use of boiled rubber gloves by the nurse, both to protect her own hands, and to prevent the carrying of infection from one patient to another.

The routine disinfection of thermometers used for various patients.

The supreme importance of encouraging patients to continue under treatment till they are pronounced cured by the doctor.

(6) The young nurse ought also to be taught very clearly what to say to the patients who ask questions with regard to their complaint.

(7) The influence of Venereal Disease on Childbirth and Infant Mortality should in some degree be taught.

(8) Inherited Syphilis should be explained so that the nurse may recognise the signs in a young infant, and the necessity for medical advice and efficient treatment should be made clear.

The infectiousness of the secretions of such an infant, and the danger to a wet nurse must be also fully understood.

These are but brief suggestions of knowledge essential to the nurse if she is to avoid danger of infection herself, and the risk of conveying infection from one patient to another. They are only intended as suggestions, and not at all as a fully completed scheme of instructions.

OUR PRIZE COMPETITION.

WHAT CARE MUST BE TAKEN WHEN REMOVING THE CLOTHES OF A PATIENT BADLY BURNT?

We have pleasure in awarding the prize this week to Miss Anna M. Cameron, Bellagio, Pembroke Road, Bournemouth West, for the following paper:—

PRIZE PAPER.

When removing the clothes of a badly burned person the nurse's first thought should be to guard against the collapse which generally threatens badly burnt cases by placing the person in a warm bed between blankets, by giving hot milk and brandy, and by placing hot bottles round, but not touching the patient.

If collapse is already present it may be necessary to give a rectal injection of strong black coffee \frac{zj} and brandy $\frac{ʒss}$, provided the patient is beyond swallowing, but if he has not reached that stage it is good to give hot milk and brandy every ten minutes.

When it comes to the actual removal of the clothes three essentials should be borne in mind:—

The removal must be made as painlessly as is possible;

Movement of the injured parts must be careful, no part being moved without necessity;

Air must be excluded from the injured parts.

When the burns are of the third degree, and consequently the nerve endings of the skin are exposed, but not destroyed, the patient may be in such pain as to necessitate an injection of morphia. If this is ordered the removal of the clothes will not be such a painful performance; but even under this condition all unnecessary movement should be avoided and the clothes should be cut off.

The necessary dressings should be just to hand so that the burnt skin or muscles are not for one moment exposed to the air. One nurse should cut and remove the clothing, while another, with due regard for the necessary asepsis, should apply the ordered dressings. Meanwhile the patient's condition should be carefully watched and collapse guarded against.

When the dressings are finished it is essential that the burnt parts are left in the position least likely to cause contraction.

When removing the clothes in emergency cases when one may be far from a doctor it is well to remember that temporary dressings need not be removed and that dressings soaked in a saturated solution of bicarbonate of soda can be placed *over* most dressings and often give relief.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. Tait, Miss A. Phipps (London), Miss Isobel Helm (Norham-on-Tweed), Miss E. M. Streeter (Leicester), Miss E. H. Gibert (Birmingham), Miss L. Brooks (Hull), Miss G. M. Nicol (Carlisle), Miss S. Simpson (Bridlington), Miss E. Macfarlane (Glasgow).

Miss Tait says that one reason for cutting the clothes of a burnt person up the seams is to avoid the risk of rubbing raw surfaces, and of tearing away loose pieces of skin. If scraps of clothing are adherent, soak with oil and leave until the undressing is finished, when they can more easily be removed, and Miss Phipps remarks that a second person is usually necessary in undressing the patient, who must not be allowed to exert himself in any way, to avoid adding to shock.

Miss Brooks writes:—"Exclude the air from the wounds by applying a dressing made of strips of clean, soft linen or gauze wet in a saturated solution of soda bicarbonate, or Carron oil. Soak also with oil the adherent material, and leave until the second dressing,

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