

OUR PRIZE COMPETITION.

HOW WOULD YOU RENDER FIRST AID TO A PATIENT SUFFERING FROM BURNS IN A WORKMAN'S COTTAGE, WHERE FEW REMEDIES WERE AVAILABLE; AND WHAT STEPS WOULD YOU TAKE TO ENSURE THE EFFICIENT NURSING OF THE PATIENT?

We have pleasure in awarding the prize this week to Mrs. Farthing, Wem Poor Law Institution, Wem, Salop.

PRIZE PAPER.

(a) I should send for medical aid. If the patient were in a very collapsed state I should put the patient to bed in a clean bed, with well-protected hot bottles and warm blankets, and if necessary and the doctor did not arrive, I should administer a little brandy.

I should remember the chief points in rendering first aid were:—(1) Asepsis; (2) expose the burns as little as possible; (3) be extremely gentle in handling the patient: if I had not warm boracic I should use warm saline solution to soak off any particles of adherent clothing; (4) I should take particular care to remove all dirt from the surrounding skin, and be very careful to bandage firmly, that the dressings might not slip about and chafe the parts. One drachm of bicarbonate of soda to a pint of water makes a very good first-aid dressing; soak clean sterilized rags in it, and wrap around the burns. It is never wise to use carron oil or flour. If the home is unsuitable to nurse the person in, it would be wise to have him or her removed to an infirmary, where there would be a proper chance to carry out the doctor's orders. If a district nurse can be obtained to go in and out to carry out doctor's orders, then all will probably be well, but the patient will probably stand a much better chance if removed to an institution, where he can be well nursed and friends unable to interfere. In the case of a child, a good mother will probably carry out the doctor's orders for her little one's sake to the best of her ability, but skilled care is very necessary in these cases.

Old people and children suffer more severely from burns than patients at other stages of life. There is more danger in extensive superficial burns, especially about the abdomen and chest, than in limited deep ones on the limbs, viz:—If the foot were burnt nearly to the bone it would be less dangerous than a burn which had destroyed the true skin on the abdomen, because the greater the number of nerves the more severe the shock, and the more subsequent risk of sepsis.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. F. Rossiter, Miss M. C. Garrett, Miss C. Lilian Everest, Miss E. Dolores Hooker, Miss F. A. Oke, Miss M. Robinson.

Miss C. L. Everest writes:—

If the patient is nursed at home; ask the doctor for the aid of the civic nurse. If the arm is affected, keep it away from the side to prevent deformity. When reaction sets in, attend to all excreting organs. Give easily digested nutritious diet. Treat all complications as they arise, under the doctor's orders.

If the burn is caused by carbolic, mix a small piece of washing soda with a pint of water, and use as a compress until the doctor arrives.

If the burn is caused by electricity, send for a doctor. Drop an iron bar across and cut circuit, taking care it touches the ground. Protect the hands with rubber gloves, stand on a rubber mat, and throw an old mackintosh over the patient; then remove him to a place of safety. Loosen all clothing. Give plenty of fresh air, and perform artificial respiration. Place in the recumbent position. If there are wounds, proceed as for ordinary burns, and deal with shock if present.

QUESTION FOR NEXT WEEK.

What precautions would you take in nursing patients in a ward devoted to the reception of patients suffering from venereal diseases? How may infection spread (1) from one patient to another; (2) to the nurse-in-charge?

FRENCH TREATMENT OF BURNS.

The *Medical Record* has an editorial on the treatment of burns by the method of Dr. Barthe de Sanfort, which has been exciting much comment. A mixture of paraffin and resin, called from its yellow colour, ambrine, is sprayed hot, at a temperature of 158° F., upon the burn. It causes no pain whatever, on the contrary relieves whatever pain is present. After twenty-four hours it is still warmer than the body. The results obtained in rapidity of healing and freedom from scars are very remarkable. Its use is not confined to burns, it is efficacious in frostbite, and is a superior treatment in certain wounds. It is first applied in very small quantities, forming a thin layer; this is covered with cotton and then another layer of ambrine. After twenty-four hours the dressing is easily removed *en masse*. Pus may be found beneath; this with any sloughs is wiped off and the dressing reapplied. In no type of burn is it contraindicated.

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