

## OUR PRIZE COMPETITION.

### WHAT ARE SOME GRAVE COMPLICATIONS TO BE WATCHED FOR AFTER AN EXTENSIVE BURN?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

#### PRIZE PAPER.

The gravity of the complications following an extensive burn depend: (1) on the extent of surface burned; and (2) the depth of the burn, also on the situation of the injury. Thus an extensive superficial burn, or scald from hot liquids, may be more disastrous to the patient if occurring on the chest, head or abdomen, which are richly supplied with important nerves, than a severe burn on the limbs would be.

The first complication to be watched for is the condition of shock which is present in the first stage of all burns to a varying extent, and is due to fright and peripheral irritation. This state of shock may be aggravated by exposure to cold, or kept up by severe pain. The primary condition, if prolonged beyond thirty-six hours, becomes profound collapse, which, if unresponsive to remedies, ends in death. If patient rallies, shock is usually followed by congestion of the internal organs, such as of the kidney, lungs, intestines, and cerebral inflammation.

The second stage is usually marked by a reactionary fever. Should the temperature rise suddenly, accompanied by vomiting, the gravest complication may be feared, and death ensue from poisoning of the system by absorption of septic matter, or exhaustion from severity of congestion of vital organs.

The second complication to be watched for is that of sepsis. Prolonged suppuration is a great trial on the patient's strength, especially in deep wounds, where there is much destruction and sloughing of tissue. There may be secondary hæmorrhage, and deep-seated inflammation, causing death by exhaustion. When the superficial skin has been destroyed, skin grafting may be necessary to avoid the consequent scarring and contraction, and accelerate healing.

The third complication is deep-seated inflammation through depth of tissue destroyed, such as muscle, tendons, or even bone. A gangrenous condition becomes usual. Amputation of a limb may be necessary, with exhaustion to the patient, recovery depending greatly on the patient's recuperative power. Deformity by contraction, especially when any large joint is involved, is a complication very difficult to overcome.

The dangerous swelling of the throat tissues after swallowing boiling or corrosive liquids, or by gaseous vapour or flame, is a complication to be watched for, especially if more than the tongue and fauces are affected. Difficult breathing may be followed by suffocation through œdema, and immediate remedies must be available, as the condition may become suddenly urgent.

To recapitulate. Shock and exhaustion require careful treatment, combated by constitutional treatment, hot bottles, blankets, stimulants. Care in giving the latter is necessary to avoid excessive reaction. Diet should be light, nourishing, and easily assimilated, as the stomach and digestive organs are more or less congested and their functions disorganised. Sepsis should be counteracted or prevented with suitable aseptic dressings. Pain should be relieved as much as possible; in some cases opium or some anæsthetic may be required. Scarring and deformity should be guarded against as far as possible by the use of splints, skilful massage, and manipulative exercises on recovery.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss K. Dinsley, Miss Doris Tayler, Miss E. G. Andrews, Mrs. Farthing, Miss B. Robertson, Miss J. Ingall, and Miss Alice M. Burns, whose paper unfortunately arrived too late to be included in the competition.

Referring to healing and contraction of the scar, Miss K. Dinsley writes:—

Healing will occur in the same way as other wounds, but the formation of scar tissue is often greater, owing to the large surface affected, and the amount of contraction may be serious. Contraction is prevented as far as possible by (a) careful splinting and rapid healing; (b) plastic operations; (c) skin grafting.

Erythematous rashes are common after burns, and in many cases are due to the absorption of the toxins from the burnt surface, but scarlet fever is particularly liable to attack children suffering from burns. It is considered by some that the germ of scarlet fever enters through the wound instead of by the usual channel—the throat. The nurse should therefore watch carefully for a red rash in burn cases, and on the first appearance of such the patient should be isolated until the opinion of a medical man can be obtained.

#### QUESTION FOR NEXT WEEK.

Define thrombosis and the details of nursing required.

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