

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF "MUSTARD GAS" BURNS AND THEIR TREATMENT?

We have pleasure in awarding the prize this week to Miss Marjorie E. Thorpe, University War Hospital, Southampton.

PRIZE PAPER.

Mustard gas (Dichlorethyl sulphide) derives its name from its odour, reminiscent of mustard. It is an oily liquid, and when released it slowly evaporates.

The fluid may be scattered on clothing, rifles, and on the ground, &c., and may thus become infective through direct contamination of the skin.

The gas attacks the mucus membrane and the skin. The principal symptoms take from four to twenty-four hours to develop. The burns start with widespread erythema and local vesication. The commonest sites are the axillæ, genitals, and back, but any area may be attacked. The surfaces affected show very marked pigmentation. Deep burns sometimes occur.

Laryngitis, pharyngitis, and bronchitis may occur in from twenty-four to forty-eight hours. The degree of the lesion varies from a simple irritation to an ulceration of the mucous membrane of the whole passages, followed by infection of the raw surfaces. Vomiting and epigastric pain also occur if the mucous membrane of the stomach and œsophagus is affected. Conjunctivitis is the first symptom to appear. Intense photophobia results and swelling of the eyelids.

Treatment (Skin).—The slighter burns heal perfectly with some non-irritating protective application, *i.e.*, boric ointment, Lassar's paste, &c.

Severe burns are generally indolent in healing. If there is suppuration, repeated hot boric fomentations give relief.

If the burns are extensive and dressings painful, hot alkaline baths may be given. The patient may be totally submerged for twenty minutes or half an hour. The dressing may then be painlessly removed, and a liquid paraffin dressing applied. In later stages of healing, ung. eucalyptus, boric, or Lassar's paste may be applied.

For uncomplicated cases, a dusting powder of boric acid, starch and zinc oxide may be applied freely.

Eyes.—If pain is severe, fomentations over the eyeballs give relief. If inflammation is severe, the patient may wear a shade or dark glasses, or the room may be darkened.

The eyes may be irrigated with boric lotion, and liquid paraffin (which is not irritant, and acts as a lubricant) should be instilled into the conjunctival sacs three times daily.

When inflammation subsides, drops containing zinc sulphate, boric acid and adrenalin are beneficial.

The laryngeal condition is best relieved by inhalations of menthol and benzoin. For the throat and nose, warm alkaline washes at least three times a day are necessary.

Functional aphonia of varying degree is often present, and may be cured by breathing exercises and a brisk rubbing of the pharyngeal wall with a laryngeal mirror. The cough, which is a very distressing later symptom, may be relieved by cough mixtures and by heroin gr. $\frac{1}{4}$. If the respiratory organs are very severely involved, the oxygenation of the blood is interfered with, and the patient dies through suffocation. In this case oxygen may be given as a palliative treatment, and the patient should be left in the open air.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. F. James, Miss Phillips, Miss P. Robertson.

QUESTION FOR NEXT WEEK.

Describe the management of a newly born infant for the first week of life.

THE ROYAL RED CROSS.

SECOND CLASS.

On Saturday last, at the Investiture at Buckingham Palace, the King decorated the following lady with the Royal Red Cross.

Sister Jessie Ferguson, South African Military Nursing Service.

FOR COURAGE IN THE FIELD.

The King has been pleased to approve of the award of the Military Medal to the following ladies for distinguished services in the field:—

Miss Rosa Brain (S./Nurse), T.F.N.S.—For exceptional courage and devotion to duty during a hostile air raid, when bombs were dropped on the hospital. One of the bombs wrecked the hut in which she was on duty, and, with the greatest coolness, she attended to all the patients in the ward, though she herself was wounded.

And to the following members of the First Aid Nursing Yeomanry Corps:—

Miss Evelyn M. Cridlan.

Miss Gwendolyn Grish Peyton Jones.

Miss Mary Devas Marshall.

Miss Rachel Gertrude Moseley.

Miss Ellen Russell.

Miss Christina Margaret Urquart.

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