OUR PRIZE COMPETITION.

HOW WOULD YOU RENDER FIRST AID IN THE FOLLOWING CONDITIONS;—(1) A COMPOUND DISLOCATION OF THE ANKLE; (2) POST OPERATIVE COLLAPSE; (3) A SEVERE SCALD OF THE FACE; (4) PROLAPSE OF THE INTESTINE THROUGH A LAPAROTOMY WOUND; (5) HÆMORRHAGE FROM A WOUND IN THE ARM?

We have pleasure in awarding the prize this month to Miss Amy Phipps, F.B.C.N., Longmarten, Ashford, Middlesex.

PRIZE PAPER.

In all these emergencies medical aid should be procured without delay.

First aid treatment will usually comprise (*a*) general treatment of shock, which is present in a varying degree, according to the nature of the emergency, and the attendant circumstances. (*b*) Local treatment.

The general rules for the treatment of shock in all cases is :—

(*a*) Securing absolute rest and warmth as soon as possible, with fresh air.

(*b*) The recumbent position, except in the few cases where the particular injury is a contra-indication to this. In urgent cases, the legs and hips should be raised higher than the head, to secure the best possible supply of blood to the central nervous system, and forming a good venous return.

(*c*) The introduction of hot salines in some form, in suitable cases, especially when shock is due to loss of fluid from the body, as in the condition following severe hæmorrhage.

(*d*) Artificial respiration, or the administration of oxygen.

(*e*) The giving of stimulants such as hot milk, coffee, etc., in suitable cases, either by mouth or per rectum.

The need for these measures will necessarily be modified according to the length of time which must elapse before securing medical aid, and to the urgency of the particular case.

(1) *Compound dislocation of the ankle.* Shock must be treated : locally, the boot and sock must be cut off, and the wound covered with a clean rag, wrung out of boiling water, or antiseptic if procurable.

An improvised splint of wood, walking sticks, or newspapers, firmly folded, in which the lower leg can be encased. If in the home, the leg can be kept at rest fastened to firm pillows. Any dirt or mud should be bathed away with boiled salt water, or antiseptic solution. Should there be profuse bleeding, this must be dealt with by a cold compress, and if necessary, digital pressure according to the type of hæmorrhage.

Any unnecessary movement must be avoided, and that which is necessary must be effected with the least possible friction of the wounded part.

(2) *Post-operative collapse.*—Where possible, the wishes of the particular surgeon should have been ascertained in the event of the occurrence of post-operative shock. The bottom of the bed should be raised on high blocks, or by the mechanism of the bed, and if necessary, to further increase the supply of blood to the brain, the extremities should be bandaged firmly. Hot salines, either per rectum or subcutaneous drip method, are of immense value, and in suitable cases hot coffee, hot milk, or other stimulant. Well protected hot bottles should be applied all round the patient, and an electric cradle, in skilful hands, is valuable to replace heat. If hæmorrhage is connected with the shock, efforts must be made to deal with this without delay.

Careful and watchful nursing will note the onset of the earliest symptoms of shock, so that usually medical aid can be secured before the more urgent symptoms have arisen.

(3) *Severe scald of the face.*—Shock should be treated : the injured surface should then be covered at once to exclude air. Linen soaked in an oily substance, such as olive oil, is quite suitable as a first aid dressing. If, however, this is not at hand, a clean cloth, wrung through saline, may be applied. Every effort should be made to calm and soothe the patient. If the larynx or pharynx has been injured also, urgent symptoms denoting œdema of these parts should be watched for, and in summoning medical aid, the doctor should be informed of the exact condition.

The patient should be kept warm, and free from exposure, as pneumonia is a frequent complication.

(4) *Prolapse of the intestine through a laparotomy wound.*—Shock should be treated at once, as this quickly supervenes : locally, the intestine should be kept covered with sterile saline compresses, kept as hot as possible. For this, a good supply of large sterile gauze swabs and hot saline, should be kept in readiness, and should be applied frequently, until medical aid is available. Asepsis should be maintained in carrying out all treatment, and as far as possible, full preparation should be made for surgical treatment when such is available. Here again, prompt recognition of early symptoms is invaluable.

(5) *Hæmorrhage from a wound in the arm.*—This may be arterial, capillary or venous.

(1) Arterial.—The artery should be compressed above the wound, and if necessary, an improvised tourniquet applied, and the limb kept raised, and elbow tightly flexed.

(2) Venous.—The vessel should be compressed below the wound, and the limb lowered.

(3) Capillary.—A firm cold pad should be applied tightly over wound. For a penetrating wound, sterile plugging as soon as possible, and preparation should be made for dissection and ligature of the vessel by the surgeon.

HONOURABLE MENTION.

The following competitors receive honourable mention : Miss E. M. Robertson, Miss J. Macdonald. Miss Robertson writes :—

"A patient showing signs of post-operative collapse I should have in bed and immediately remove pillows from below his head, raise the foot of the bed on to blocks and call a doctor.

"Then essay to resuscitate the patient's vital powers by applying external warmth and internal stimulants.

"Cover him with a warm blanket and place well protected hot-water bottles around him. Apply hot fomentations over heart and to the perinæum, or place a mustard plaster or mustard leaf for five to ten minutes over cardiac region."

QUESTION FOR NEXT MONTH.

Describe the symptoms and causes of acute nephritis in an adult. How would you nurse such a case ?

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