OUR PRIZE COMPETITION.

IN A CASE OF AN EXTENSIVE BURN BY FIRE WHAT METHOD OF TREATMENT MIGHT BE ADOPTED, AND WHAT ARE THE CHIEF DANGERS?

We have pleasure in awarding the prize this month to Miss Daisy Evelyn Lee, M B C N., Royal Infirmary, Gloucester.

PRIZE PAPER.

The method of treatment varies according to where the fire takes place, and where the treatment is to be carried out.

If in a private house the patient should be taken to bed at once, and the clothing removed if possible; the affected parts should be smeared with oil or vaseline, and covered with strips of clean linen or of an old sheet. The air should be excluded as soon as possible from the affected area. Hot-water bottles, well protected with covers, should be placed round the patient, and extra blankets applied. Hot drinks should be given, coffee if possible, as this acts as a stimulant. Brandy may be given, and if the patient is suffering from a great deal of shock the foot of the bed may be raised on two chairs. If it is not possible to remove the clothing, oil may be applied to the affected part and the patient then be covered with a sheet. The chief point is to get him to bed, and thoroughly warm, until the arrival of the doctor.

If the patient is brought into hospital, and the condition allows, an anæsthetic may be administered to dress the affected area, as it is a very painful process. This is usually done in the out-patient department, but if the condition of shock is very severe this must be treated first, and the burns afterwards.

When the patient is admitted to the ward, hot-water bottles, well protected with covers, should be placed round him, or a radiant heat bath may be used, to get him thoroughly warm. The foot of the bed may be raised on blocks and a rectal saline ʒx, with brandy ʒss, may be administered, or a coffee enema may be prescribed. An intravenous injection of normal saline with brandy could be given in cases of extreme shock as this acts quicker than a rectal saline. Camphor in oil or a hypodermic injection of strychnine may be ordered.

When the patient regains consciousness, if his condition allowed an anæsthetic, he usually suffers from a great deal of pain, and a hypodermic injection of morphia may be ordered to relieve this. After a short time, if the patient is not suffering from anæsthetic vomiting, and is able to take fluids, feeds of hot milk, coffee, or Bovril may be given every two hours. Brandy ʒss every four hours and rectal salines every four hours for the first day. If the mouth is burnt it may be necessary to give nutrient enemata every four hours. These can be varied, and may consist of egg and milk, coffee, beef tea, or other nourishing fluids.

An aperient should be given, and repeated if necessary. Great care must be taken to keep the patient warm, especially whilst the dressing is being changed, or delayed shock may be the result, and the patient will collapse.

Some doctors only allow part of the dressing to be renewed daily, that is if the affected area is extensive; others order a dressing which only requires to be renewed every few days, such as paraffin wax (ambrine). If after the first dressing of ambrine is removed the burns are looking rather dirty, boric fomentations may be ordered every four hours. The following dressings may also be used:—Picric acid in water; strips of white sterile lint soaked in picric acid and covered with absorbent wool and fixed with a bandage; tanic acid 5 per cent. used in the same way as picric acid, but renewed more frequently.

Eucalyptus, boracic, or zinc ointments may be used, spread on lint and covered with absorbent wool.

Castor oil, carron oil, linseed oil, or olive oil could also be used as a dressing for the affected area and covered with lint and wool.

Splints may be required in the case of an extensive burn of a limb to prevent contraction during the process of healing.

Skin grafting may be required later to assist healing.

If the burn is on the patient's back, or on the buttocks, a half-size water bed would be the most comfortable, with a pillow covered with a mackintosh pillow case under the linen one to support the back and to prop the patient over from the affected area.

Children suffering from extensive burns are often ordered to be immersed immediately in a warm bath to which may be added a little Condy's fluid; they have their clothes removed and remain in the bath until some of the shock has subsided. It may be necessary to repeat the bath before each dressing. The temperature of the bath should be kept all the time at about 100° F. The chief dangers of extensive burns are:—

(1) Shock which may occur in the first few hours, or delayed shock resulting in collapse.

(2) Acute toxemia due to the absorption of the toxin.

(3) Sepsis (infection of the wound) due to the bacteria gaining access to the tissues, on which the toxins will act.

(4) Pneumonia, due to exposure to cold.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss E. M. Robertson, Miss J. McNeillie.

Miss Amy Phipps writes:—Vaccine treatment is sometimes employed with success, to lessen the risks due to septic absorption. The chief dangers in connection with burns are shock (primary and secondary), albuminuria, acute vomiting and diarrhœa, carbon-monoxide poisoning, septic absorption, duodenal ulcer with perforation, heart failure, meningitis, hæmorrhage, traumatic and hypostatic pneumonia, embolism or thrombosis, inflammation of intestinal organs, cardiac and nervous incapacity, deformity, and remote danger of absorption of poisonous remedial agents.

A long convalescence, with tonics, sunshine, good food, and any necessary massage, is essential.

QUESTION FOR NEXT MONTH.

What are the more important complications of (1) Otitis media; (2) Chronic tonsillar infection, and what indications would make you think they were present?

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