

sloughs a severe haemorrhage will result. Pneumonia is another danger. It is sometimes due to the irritation of the smoke which has been inhaled.

Treatment.

First Aid.—Exclude air from the burn as quickly as possible, and dressing should be applied in strips to avoid undue exposure when being re-dressed.

The utmost care is necessary in removing clothing, and if adherent it should be cut away round the burnt area, the remainder being soaked with olive oil or sodium bicarbonate solution.

In the case of children continuous immersion in a warm bath is the best method of removing adherent clothing, as it affords a minimum amount of further shock.

When the child is removed from the bath the burnt area must be dressed with strips of lint, on which is spread a simple ointment.

Shock must receive prompt and appropriate treatment.

Warmth is essential, and is obtained by warm blankets and well protected hot-water bottles. The head is kept low.

Stimulants may be called for in the form of warm stimulating drinks, or, in severe cases, stronger stimulants, although these are avoided if possible on account of increasing the severity of the pending reaction.

Subsequent treatment consists of the administration of opium to relieve pain and quiet the patient, while fluids are given *ad lib.* to assist in the elimination of toxins.

The diet must be light, but liberal in nourishing qualities, in order to maintain the patient's strength.

The bowels require careful regulation.

Special Treatments.

Hot Air.—The burnt surfaces are screened with an electric cradle, which is covered with a folded sheet, and the temperature maintained at 90 deg. F. No dressings are applied unless specially prescribed, but a modern treatment is to spray the burnt areas with a solution of tannic acid.

The Ambrine Treatment.—Ambrine is a mixture of paraffin and resin. It is melted, and then sprayed or painted on the skin, a layer of sterile gauze or lint is applied and on top of this another application of ambrine.

Picric acid, 1 per cent. in water, is a favourite dressing, as the acid encourages the formation of a scab, under which healthy healing generally takes place.

Boracic fomentations may be used to help in the removal of sloughs.

In severe burns an anaesthetic may be required during the renewal of dressings.

Rectal, subcutaneous salines, and even intravenous salines, may be called for to maintain the patient's strength. In extensive burns involving muscles and tendons, the application of splints will be necessary to prevent deformities. Where healing is delayed, skin grafting is indicated.

Scalds.

Scalds are caused by moist heat, and the treatment of these is similar to that of burns.

Scalds of the throat require special attention.

While waiting for the arrival of the doctor, give ice to suck, if available, and apply fomentations to the neck.

If asphyxia threatens, tracheotomy will be necessary to save life.

Burns from Corrosive Acids.—Remove the acid from the skin and apply a compress of sodium bicarbonate.

Burns from Corrosive Alkalies.—Apply a compress of weak solution of vinegar.

Burns of the Eyes.—If caused by heat, gently instil into the eyes a few drops of castor oil, and apply ice compresses externally. If the eyes are burnt with a caustic, gently irrigate them with boracic lotion.

The complications are shock, and destruction of the cornea,

Anæsthetic Burns.—May arise as a result of the use of an unduly prolonged anaesthetic or to an over-sensitive skin. The whole face may be affected, but generally it occurs round the nose and mouth, or perhaps the eyes may be affected. An ointment can be applied to the face before the anaesthetic is commenced as a preventive.

Vaseline should be applied to the face immediately after the operation should any redness be observed.

A WELCOME VISITOR TO THE B.C.N.

A recent visitor to the British College of Nurses was Miss de Buy Wenniger, Matron of the Municipal Hospital, Rotterdam. Her visit coincided with that of the Queen-Dowager of Greece, and she had the honour and pleasure of being presented to Her Majesty.

COLLEGE FIXTURES.

September 19th.—Monthly Meeting of the Council. 2.15 p.m.
September 29th.—Meeting of Tutorial Group. Subject: "The Feeding of Patients." 8 p.m.

THE ANNUAL REPORT OF THE BOARD OF CONTROL.

The seventeenth Annual Report of the Board of Control (Part I.) just issued, makes the following statements in regard to the Recruitment of Nurses.

Recruitment of Nurses.

In spite of the growing number of mental hospitals which have provided Nurses' Homes, and in spite of liberal rates of pay and pension, many hospitals still find difficulty in securing a sufficient number of probationer nurses. The shortage of nurses is more acute in some hospitals than in others, but few are so happily circumstanced as to have a waiting list, while others can only maintain their numbers by the indiscriminate acceptance of all candidates not obviously unsuitable. We realise that the recruitment of nurses for public mental hospitals will never be easy; but we doubt whether the scope for real nursing work which it offers is adequately appreciated; and we think that much more might be done by way of propaganda than has hitherto been attempted. Except in the case of large areas, effective propaganda would be difficult without some combination of authorities. But every authority under the new Act embraces an area of at least one, and often more than one, local education authority, and we believe that much more could be done by more effective co-operation between the Visiting Committee and the Education Committee to secure that the advantages of this branch of nursing are brought to the notice of the elder pupils in the secondary schools.

By co-operation with the labour exchanges it might also be possible to secure a carefully chosen supply of candidates from distressed areas such as South Wales. We regret that recent reports by Commissioners indicate that in some few hospitals the shortage of nurses is serious and the need for more active measures on the part of the authority is correspondingly urgent. We do not recommend any lowering of the educational standard. On the contrary, we are convinced that hospitals which lower their standard are only increasing their difficulties. It is, however, not enough to rely on an occasional advertisement in two or three papers. To hospitals which cannot obtain candidates we commend efforts to make both co-operation with the Education Committee and propaganda effective, as well as close inquiry on the part of the Visiting Committee, perhaps in conjunction with representatives of the nursing profession, as to whether there are any deficiencies in the arrangements of the hospital which deter probationers from joining or remaining in the Service. In this connection, mention may be made of the fact that

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