## COMMON MISTAKES IN FIRST AID.

### THE UNCONSCIOUS PATIENT.

The partially or wholly unconscious patient is often the victim of mistakes, some absurd and trifling, others fatal. Veterinary surgeons are used to finding out what they want to know without the spoken word. But human beings are so dependent on it that they are nonplussed by the silence of unconsciousness. They flounder hopelessly, not being Sherlock Holmes either by instinct or training.

A very common mistake is to assume that, because an unconscious person smells of alcohol, he must be dead drunk. Many a man has been locked up in a police cell overnight on the assumption that he was merely dead drunk, and has been found dead next morning from some disease such as apoplexy or diabetic coma.

The unconscious patient is temporarily robbed of the sense of pain—that great gift we are apt to consider an unmitigated curse. Pain makes him keep his fractured thigh quiet. In the absence of pain and consciousness, the first aid worker must exercise his imagination, putting himself in the place of the patient and making sure that his fractured thigh is moved as little as possible.

It is the lack of such vicarious imagination that is responsible for hot-water bottle burns by thoughtless nurses. There are to-day countless ex-patients who will carry to their graves the scars for which this accident is responsible. Other ex-patients are already in their graves because of this mistake about which every probationer is warned. Yet it recurs repeatedly.

In Red Cross first aid classes hints are given as to the examination of the eyes of the unconscious. Much can be learned if the examiner has mastered the elements of the physiology of the eyes. It is a mistake to assume that lack of symmetry of the eyes must be due to the accident which has just occurred. For inequality of the pupils and other asymmetrical manifestations may be of old standing and have nothing to do with the accident. Or the first aid worker may overlook the fact that one of the eyes is artificial! Such eyes, in the head of unconscious patients, have played many a trick on the unwary.

Another common and sometimes fatal mistake is to pour brandy or some other stimulant down the throat of an unconscious or half-conscious patient. The fluid thus administered with the best of intentions may travel down the windpipe and set up bronchitis or pneumonia if it does not kill the patient offhand by choking him.

The causes of unconsciousness are almost numberless. But some are very much more common than others. Two of the most common are epilepsy and an ordinary faint. In either case it is well to leave the patient where he is for a spell. If the unconsciousness is due to fainting alone, the patient will regain consciousness more quickly in the recumbent position than if he is made to sit up. For in so doing the blood supply to his brain will be diminished. Yet it is probably lack of such a blood supply that has made him faint.

This lesson is illustrated by the old experiment with the two rabbits, the wild and the tame. The wild rabbit held up by its ears will continue to kick indefinitely without fainting, because the tone of its blood vessels is so well maintained that the brain is not drained of all its blood supply. The tame rabbit, however, is a comparatively flabby creature whose blood vessels easily dilate. When this rabbit is held up by its ears, it soon faints because the blood which should be circulating through its brain has gravitated into the flabby abdominal blood vessels. It will therefore regain consciousness only when its head is at the same level as, or lower than, its body.

Many men and women faint after standing a long time in a crowd for the same reason. Although not a drop of blood has been spilled, their brains have been temporarily bled white. The first aid worker who remembers the tame experimental rabbit when helping unconscious patients will keep them in the horizontal position until consciousness has returned, instead of making them sit up and take a gulp of brandy which may go the wrong way.

(Communicated by the Secretariat of the League of Red Cross Societies, 2, Avenue Velasquez, Paris, VIIIe.)

## ELEMENT "61" FOUND.

According to the Paris correspondent of *The Times* a scientific gap has been bridged.

One of the three remaining gaps in the list of known and supposed elements is believed to have been solved by M. Maurice Curie, a nephew of the late Pierre Curie, who, with Mme. Curie, discovered radium—and M. Takvorian.

At its last meeting the Academy of Sciences listened to a description of the discovery given by a famous chemist, M. Urbain.

The new element, which has marked radio-active properties, is the one described as element "61" in Mendeléeff's list. The two others which have not yet been separated are Nos. 85 and 87.

M. Urbain explained that the discovery had been made in the Curie Laboratory of the Radium Institute as the result of research work suggested by himself on the two elements, Samarium and Neodymium, between which element "61" is placed.

After working on this problem for several years MM. Curie and Takvorian are convinced that they have succeeded. They are now setting to work on four tons of rare earth with the object of isolating the new element in quantities which can be properly studied.

This task will not be completed for a year or two, but the result of it is likely to be eagerly awaited, because it is believed in scientific circles that the still unnamed element may prove to be of an importance comparable to that of radium.

One writer exclaims: "The discovery of radium has been renewed!"

### STAMPING OUT MALARIA.

The Government of Bengal have launched a new experiment to ascertain its efficacy in stamping out malaria. They have selected a malarious tract in Burdwan district where 20,000 people will be treated with quinine and plasmoquine during April, May and June this year, in which months anopheline mosquitoes remain uninfected in nature. The chief principle of the test is that if the community can be freed of malaria parasites, there will be no chance of reinfection by infected mosquitoes.

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