

pour water over the patient. Lay him flat in a warm place away from draughts; if possible, put him to bed.

Then arrange for the transfer of the patient to the nearest aid post or hospital.

Cover the exposed parts of the burn with a clean dry sheet, towel, or cloth. While waiting for an ambulance keep the patient warm by wrapping him in blankets and placing protected hot-water bottles outside the blankets. Give hot drinks, such as well-sweetened tea, but do not give solid food as an anæsthetic may be necessary later. Keep the patient warm on the way to hospital.

Do not remove clothing or expose the burned surface.

Do not apply any dressing to the burn except those specified above (*i.e.*, clean dry sheet, towel, or cloth).

Do not in any circumstances apply oil, grease, flour, soot, baking soda or lysol to the burn.

Do not give the patient castor oil or any other medicine.

Treatment by Medical Personnel.

GROUP A (prior to transfer to hospital).

If pain is severe, give a hypodermic injection of morphine; not more than $\frac{1}{4}$ grain should be given at one time even to adults. This dose may be repeated if necessary, but not sooner than one hour after the initial dose; larger doses are dangerous in severely shocked patients and if morphine sensitivity be present. A note of the time of injection and the dose given should be sent to hospital with the patient. The pain of burns is more simply and adequately controlled by morphine than by first aid applications. Any advantage that may be gained by first aid application of burn jelly or coagulant solution is outweighed by the effects of pain and the risk of exposure to cold, especially in extensive injuries.

The eyelids are to be douched with saline, boracic lotion, or tepid water. If the eyelids are closed they should be gently opened to reassure the patient that sight is not impaired. The eye should then be covered with a small round piece of lint and a small piece of cotton wool under a cardboard shield, which can be held in position by a bandage or adhesive plaster.

Group B.

Very practical directions are given concerning patients receiving full initial treatment at first aid posts, together with modification of treatment in certain areas.

Palmar Surface of Fingers and Hands.—Snip blister, but do not remove epidermis; apply gauze, soaked in 1/1,000th enflavine.

Flexures.—After cleansing and removing of epidermis, apply gauze soaked in 1/1,000th enflavine.

Face.—After cleansing, apply jelly spread on a mask of gauze cut to fit with holes for eyes, nostrils, and mouth.

Eyelids.—Eyelids should never be coagulated, but thickly smeared with sterile soft paraffin.

Mucous Surfaces of Lips and Mouth.—Apply sterile soft paraffin.

Ears.—Before cleansing, plug lightly with cotton-wool smeared with sterile soft paraffin; after cleansing, smear thickly with sterile saline.

Hairy Parts.—These must be shaved for at least 2 in. all round the margin of the burn before cleansing with sterile saline.

Preparation of Sterile Soft Paraffin.

Stand a suitable tin containing soft paraffin in a pan or deep dish containing water which is brought to boiling-point and kept boiling for 30 minutes. If desired, gauze swabs, or pieces of lint, folded in two, can be dropped into the molten soft paraffin. There should be enough soft paraffin to cover the dressings.

When sterilisation is complete, the lid of the tin (also sterilised) should be sealed with adhesive strapping.

We warmly commend this Memorandum. If the advice it contains is carefully followed, it is impossible to estimate the amount of suffering, disfigurement, and disability from which the injured may be saved.

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THE PASSING BELL.

MISS MARY GLADYS ALLBUTT.

It is with deepest regret that we have received, as we go to press, notice of the death of Miss Mary Gladys Allbutt, S.R.N., F.B.C.N., for fifteen years Matron of Fulham Hospital, London.

An appreciation of her will appear in the next issue of the Journal.

The following represented various organisations of nurses at the funeral of Miss Allbutt: Miss Susan Villiers, the Matrons' Council of Great Britain; Miss Muriel Day, the Royal British Nurses' Association; Miss Bridget Ryan, the British College of Nurses. Among many floral tributes were those from the Matrons' Council "With respect and regards"; from the Royal British Nurses' Association, "With loving friendship"; from the British College of Nurses, "In admiration and remembrance."

MISS ETHEL FOSKETT.

We regret to announce the death on June 18, 1941, of Miss Ethel Foskett, of Queen Alexandra's Imperial Military Nursing Service Reserve, while on active service in the Middle East. Miss Foskett was trained at the Royal Victoria Hospital, Newcastle-on-Tyne.

In 1932, she joined the Queen Alexandra's Imperial Military Nursing Service for India in which country she served for nearly four years and later enrolled in the Queen Alexandra's Imperial Military Nursing Service Reserve.

She was sent to Egypt on the outbreak of war where she remained almost continuously until her death.

Miss Foskett was the daughter of Mr. and Mrs. Charles Foskett, of Newcastle-on-Tyne.

MISS KATHARINE VERONICA PEACH.

The death is also announced by the War Office of Sister Miss Katharine Veronica Peach, T.A.N.S., as the result of injuries received from car accident while on active service overseas.

Miss Peach was trained at St. Thomas's Hospital, London, S.E.1, from 1932-1936. Was enrolled in Territorial Army Nursing Service 4.2.1939, and mobilised 13.10.39. She has served at home and abroad.

Fear death?—to feel the fog in my throat
The mist in my face,
When the snows begin, and the blasts denote
I am nearing the place,
The power of the night, the press of the storm,
The post of the foe;
Where he stands, the Arch Fear, in a visible form.

I should hate that Death bandaged my eyes, and forebore
And bade me creep past.

—Robert Browning.

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