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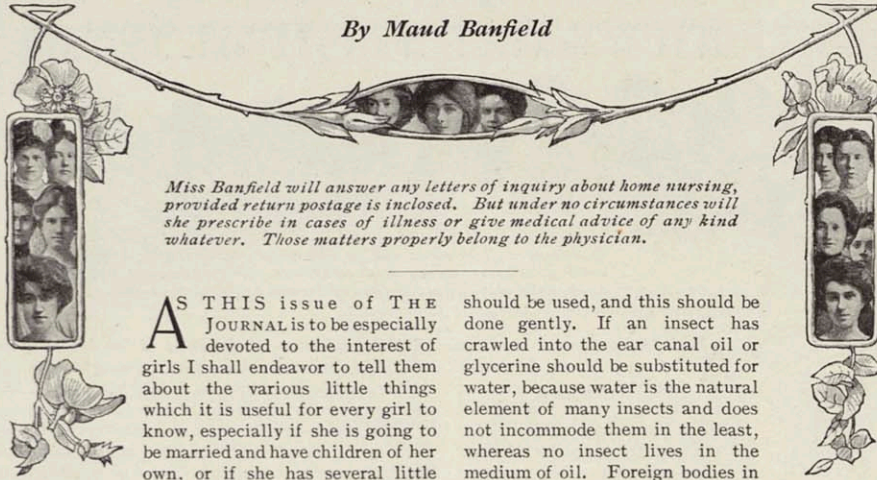
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The Journal's Trained Nurse

By Maud Banfield



Miss Banfield will answer any letters of inquiry about home nursing, provided return postage is inclosed. But under no circumstances will she prescribe in cases of illness or give medical advice of any kind whatever. Those matters properly belong to the physician.

AS THIS issue of THE JOURNAL is to be especially devoted to the interest of girls I shall endeavor to tell them about the various little things which it is useful for every girl to know, especially if she is going to be married and have children of her own, or if she has several little brothers or sisters to take care of. We all know how liable little brothers are to cut their fingers quite badly with their last new pocket-knife, and how little sisters will try to emulate their little brothers and fall down and cut their knees, or even worse, cause a big swelling to form, which is still more difficult to cure. In the summer, when boys run about the farm with bare feet, rusty nails often cause wounds which are really very dangerous; and in all these troubles either the mother or the big sister is liable to be called upon for immediate comfort and help.

The Value of Practical Knowledge

SOMETIMES think that it would be an excellent thing for all women, especially those who are going to be married, to go into a hospital for a short while in order to learn just a little about nursing and First Aid. In England a great many women who are going to marry clergymen or missionaries enter a hospital for three months, six months, or a year, and pay a regular stated fee for so doing. Many other women who expect to live in the country, and yet have no intention of taking up the work of a trained nurse, do the same thing, and I have heard them speak in enthusiastic terms of the use which even the small amount of knowledge it was possible to acquire in that time proved in later years. They did not call themselves nurses, and indeed were not such, for in these days nursing is a highly technical occupation, requiring at least two or three years' study in a well-equipped and organized school before such a claim can legitimately be made; but it did show them what to do in case of accident before the doctor came, and how to treat ordinary childish hurts. No amount of theoretical teaching or reading can take the place of even a short experience in practical work under a good teacher. This fact will need no argument when the purely book or lecture student is brought face to face with an emergency, or even the ordinary course of an acute illness. But still, much help may be given by an intelligent and cool-headed person.

What to Do in Emergencies

IN THE above connection I think I cannot give better advice than that given by Doctor Dulles regarding "Accidents and Emergencies":

"There is nothing so important in the presence of an accident or emergency as that some one with command and information enough should assume command and begin to set things aright. Such a one will rarely fail to be recognized by those less efficient, and will usually find little difficulty in so directing them that they shall render some valuable assistance, or at least do no harm to the sufferer. Bystanders should first be urged not to crowd, but to leave room for breathing and action. Any screaming or wailing should be stopped, if possible. Then as many persons as are needed—and no more—should be called on to assist in removing the one in trouble, or, if he be crushed, to remove whatever presses upon him. Next, the injured person should be placed in a comfortable position, lying down, with the head a very little raised; after which an investigation may be made to find out as nearly as possible what is wrong, so that an intelligent line of subsequent action may be decided upon.

"Some one should now be dispatched for a physician or surgeon, with a written message if possible, and certainly with one that shall give a good idea of what he may expect to find when he arrives, so that he may come provided with necessary instruments or remedies.

"While awaiting him, whatever may be advisable is to be done by those at hand. Clothing may have to be loosened or removed, efforts at resuscitation may be made, a stretcher or other means of transportation may be provided. Hot or cold applications may be needed and should be made ready. Temporary splints, or means to control bleeding, may be required. These the bystanders ought at once to attend to. One thing, however, they ought not to do—that is, to give large quantities of whisky or brandy, as is the almost invariable custom with people who know nothing, but want to do something. If stimulants seem to be called for, the non-medical had better use only hot water, or tea, or coffee, or milk. Alcoholic stimulants, except in small quantities, are, as a rule, not only unnecessary, but actually harmful. They often injure the patient, mislead the doctor, and interfere with the proper treatment of the case.

"Exceptions to this general statement may be discovered, but they are exceptions—this is the rule.

"Another important point to be observed is, not to do too much. It will be making a bad use of instructions designed to bridge over the interval between the occurrence of an accident and the coming of one whose whole time is given to work of healing, if one who knows no more than can be gleaned from a little manual should act as if it had made a surgeon of him. Such presumption might lead to great mortification of the amateur and to great injury of the sufferer. The true principle is, in what is pressing need, to do what is known to be helpful; and when one is not sure, to do nothing."

Foreign Bodies in the Ear

CHILDREN not infrequently push peas or other hard things into their ears. Permanent deafness is not infrequently caused by ill-advised attempts to remove these peas with a hairpin or other sharp instrument. Removing a pea which is tightly wedged in the canal of the ear is by no means a simple or easy thing to do, and whenever possible the child should be taken to a doctor. If a physician is absolutely unobtainable syringing with plain cold water is the only mechanical means which

should be used, and this should be done gently. If an insect has crawled into the ear canal oil or glycerine should be substituted for water, because water is the natural element of many insects and does not incommode them in the least, whereas no insect lives in the medium of oil. Foreign bodies in the ear usually cause far less harm than does the attempt to remove them by any one not expert.

The Danger of Rusty Nails

THE danger of running a rusty nail into the foot or hand consists in the fact that a rusty nail is never clean. The wound caused looks slight, but it is usually deep—what the surgeons call a "punctured wound"—and as rusty nails are often found about streets or stable yards, where the tetanus or lockjaw germ loves best to lurk, the danger to be feared is the onset of this dread disease. Here again a doctor should be consulted immediately, for when lockjaw once sets in it is generally too late for him to do much. While waiting, bleeding may be encouraged by soaking the child's foot in warm water and gently squeezing the wound. The doctor will sometimes immediately open the wound further with a knife in order that he may wash away all possible germs, or he may wait until some redness or swelling gives sign of further trouble. The great point is that his advice should be carefully and quickly followed, for although five times out of six no further trouble need be feared, the sixth time is quite sufficiently terrible to make any one careful.

Those Who Suffer from the Heat

FORTUNATELY, people who live in the country and work in the fields, even under the blazing sun, suffer very little from excessive heat. Nearly all heat-strokes occur in cities. Those who are at all intemperate in their use of alcohol or tobacco are much more likely to suffer than those who lead an absolutely temperate life in all respects, and if attacked their chances of recovery are many times less. Great bodily fatigue is also a predisposing cause. Overcrowding and bad air should be avoided at all times, but especially in very hot weather. Quite opposite treatment is pursued for sunstroke and heat exhaustion. Should a mistake in diagnosis be made the death of the patient will very probably result, as the treatment required is very thorough and very different. The best thing to do is to immediately hurry the patient to a hospital, however luxurious his or her home may be. In large American cities hospitals are always prepared for the treatment of these cases during the summer months. The patient can often return to his home in the course of a few days, but at the time the danger is great, and every moment is of great value.

Sunstroke, Thermic Fever or Insolation

IN SUNSTROKE the fever is often very high; 108, 109, 110 degrees, or even higher, has often been registered. The symptoms may develop suddenly. The patient is insensible. There may or may not be delirium, convulsions or paralysis; the surface of the skin is flushed and feels hot and very dry to the touch; the eyes may be bloodshot, and the breathing quick and shallow, or snoring and labored. The pulse is quick and small, and unless prompt measures are taken can soon not be felt at the wrist. The symptoms are very much like those of hemorrhage of the brain or acute drunkenness, but the clinical thermometer quickly settles the diagnosis by telling us of the high fever.

Treatment for Heat Exhaustion

IN HEAT exhaustion the onset is generally not quite so sudden. The patient feels weak and prostrated. The voice becomes weak, the vision dim and indistinct, and singing in the ears develops. The patient may lose consciousness partially or entirely, and looks blue and collapsed. The skin is clammy and cool, and the temperature subnormal—that is, below 98 degrees. The pulse is quick and weak, and the breathing rapid and shallow, but not noisy. If possible, take all persons suffering from the heat to a hospital. In sunstroke the loss of five minutes may mean the difference between life and death. The doctors will use freely ice, ice baths and stimulants. Very wonderful recoveries are made, but the condition is one of extreme danger. During convalescence every care should be taken. The patient should keep out of the sun and not hasten back to work. Many disagreeable consequences are apt to follow sunstroke, which may be felt for many years, or even be permanent. In heat exhaustion the patient should be put in a cool, shady, quiet place. The head low, and all unnecessary spectators asked to withdraw. Sal volatile or aromatic spirits of ammonia may be given, one teaspoonful in a wine-glass of hot water, every half-hour for three or four doses, or until the doctor comes. Strong coffee is also useful. Apply cold wet cloths to the head, and a hot-water bottle to the feet. Of course, all clothing should be loosened and the collar removed. The attack is not so dangerous as in sunstroke, but evil results follow lack of care just as readily, and convalescence should be guarded.



Be Discontented

You owe it as a duty to your family and yourself to banish from your living rooms the ashes, dirt and coal gases brought there by stoves or hot air furnace.

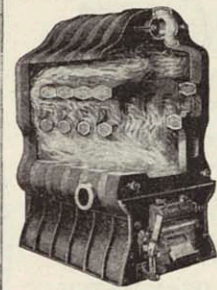
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