

up for nose and eye dressings. Fill the tins two-thirds full with the muslin. In the original preparation, grease-proof paper was placed between each piece of material, but this has been dispensed with as it takes much time and is not really necessary. The tins are then ready for the addition of the ointment.

The synthetic tulle gras mixture is as follows:—

98 parts Soft Vaseline
1 part Balsam of Peru
1 part Halibut Oil.

This is then well stirred together. Six or seven pounds can be dispensed in large tins ready for spreading.

Take a spatula and put a thick layer in each tin. It is easier to do this when the grease is moderately warm. It is difficult to estimate how much is needed to saturate the net, but an excess can be poured off after sterilising.

Place the tins on trays in the dressing steriliser. The tulle gras can be sterilised at 15 to 20 lbs. pressure for 15 minutes, or longer. It also stands higher pressure quite well.

The next part of the process requires particular attention. The gas or steam must be turned off and the boxes allowed to cool in the closed steriliser. Do not on any account allow the pressure to fall suddenly or the grease will bubble and overflow from the tins.

If the tulle gras is left in the steriliser for about an hour, or however long the pressure takes to fall to normal, the door can be opened and the dressings removed.

If there is too much grease, pour off the excess until the dressing is just covered. Put the lids on the tins and allow them to cool. They can then be labelled, sealed with strapping, and stored.

Care must be taken to avoid waste, as the process can be expensive. Care must also be taken not to spill the hot grease on one's hands, as it burns most unpleasantly.

By courtesy of *The Nursing Mirror*

TREATING THE RIGHT CASUALTY FIRST

By Mr. A. P. BERTWISTLE, F.R.C.S., who outlines the treatment and gives the order of priority he would adopt in Incident No. 1

Casualties which had to be treated

1. A woman, lying with her head on the pavement in a pool of blood. She is conscious, but remembers nothing of her accident. The pupils of her eyes are normal in their reactions.
2. A man lying with his leg immobile and useless. Inspection reveals a sharp piece of bone projecting under the skin over the shin.
3. A man with abrasions under the chin, bleeding from the mouth, with several broken teeth. He is unable to speak clearly.
4. A man with broken glass in the wrist and smart arterial hæmorrhage.

5. A man who has just been removed from under some debris, complaining of pain in one side of the chest, which is increased by deep breathing and coughing. There is no blood in the sputum.
6. A woman, who has fallen from the first floor and has gross deformity of the shoulder, accompanied by sickening pain.

Above are the casualties in Incident No. 1, awaiting attention when a building collapsed as the result of blast. Here is my diagnosis and the order in which I would treat the cases.

Case 4. Radial or Ulna hæmorrhage

This case is dealt with first, as hæmorrhage of an arterial nature is always serious and usually amenable to treatment. It can only come from the radial or ulna artery or both. If from one there is a free communication with the other in the palm of the hand, so both must be compressed by digital pressure as near the wound as possible, if necessary by the patient. Should bleeding continue after a firm dressing has been applied, having removed the glass, the sleeve is rolled up and the elbow flexed and fixed with a figure-8 bandage just sufficiently tight to arrest bleeding. Watch as for a tourniquet, releasing every five minutes to determine whether hæmorrhage is arrested.

Case 2. Fractured Tibia

This is treated second because no one has yet died as the direct result of a simple fracture, though all too many have died of compound fractures, and it is imperative that this shall not become compound, remembering that the tibia is the commonest bone to be the seat of a compound fracture. The diagnosis was suggested by the immobility, the commonest sign of fracture, and was confirmed by feeling the splintered bone under the skin. Apply a Thomas' splint if available, otherwise splints in such a way as to fix the knee and ankle; tie the limbs together; in times of great emergency the tying of the legs may be all that is possible, but great care is needed in transit.

Case 1. Fractured Skull

Serious though this is, it is not so urgent as the previous two. Though this might have been a scalp wound with concussion, the amount of blood and the grave nature of the concussion would make one treat it as a fracture of the skull. The fact that the patient remembers nothing of her accident, is proof of the concussion. A sterile dressing is applied; if time permits the hair should be cut or shaved and any gross foreign bodies removed. Give no stimulants.

Case 3. Fractured Jaw

This is by no means so urgent a case as the previous ones. The abrasion of the chin, bleeding and looseness of teeth are the diagnostic points. A dressing is applied to the chin, and the lower jaw splinted to the upper by means of a bandage from the point of the chin to the vertex of the head.

Case 5. Fractured Ribs

Little can be done for this man, so he is left late. The diagnosis was made on the pain on deep breathing and coughing; possibly

there may be irregularity of the ribs and tenderness. The ribs had not penetrated the lung as there was no coughing of blood. Apply a firm, broad bandage round the chest to splint it to the sound side, and sling the arm on the affected side to minimise movement. Transport as a sitting case or propped up.

Case 6. Dislocation of the Humerus

Extremely painful as this is, it is not urgent. The diagnosis of fracture of the upper end of the humerus is made by the presence of gross deformity and the sickening pain which far exceeds that of a fracture. A broad bandage fixing the arm to the chest, and the forearm in a sling, are indicated; a cushion in the armpit may give comfort, as may a cold compress to the seat of the swelling.

It goes without saying that every attention must be given to improve the patient's general condition. Large numbers of casualties in the recent Spanish Civil War suffered from shock, but it would appear that Britishers are less prone to this than the Latin race. Nevertheless, an air raid is far more terrifying than a street accident, so all measures should be taken to counter its development. Blankets, stimulants in the form of sweetened tea and coffee and extracts of meat are indicated with most patients.

By courtesy of *The Nursing Mirror*

FOR THE QUIET HOUR

St. Francis of Assisi

St. Francis, the young man of noble birth who left all to care for the lepers, and who was incidental in segregating them and so practically freeing Europe of this disease, may well be considered the Patron Saint of men nurses. The following are some of his sayings, and one of his prayers which is very suitable for the difficult times in which we are living.

"Know, most dearly beloved brother, that courtesy is one of the properties of God, Who gives His sun and rain to the just and unjust by courtesy: and courtesy is the sister of charity by which hatred is extinguished and love is cherished."

"Love makes all heavy things light and all bitter things sweet. Let us all love with all our heart, with all our soul, with all our mind and with all our strength, with all our understanding, and with all our powers."

"Lord, make me an instrument of Thy peace. Where there is hatred, let me sow love; where there is injury, pardon; where there is doubt, faith; where there is despair, hope; where there is darkness, light; and where there is sickness, joy."

"O Divine Master, grant that I may not so much seek to be consoled, as to console; to be understood, as to understand; to be loved, as to love; for it is in giving that we receive; it is in pardoning that we are pardoned; and it is in dying that we are born to eternal life."