

WHICH CASUALTY WOULD YOU TREAT FIRST?

By Mr. A. P. BERTWISTLE, F.R.C.S.

Casualties which had to be Treated

A block of buildings has been hit by high explosive, and six people are injured, as follows:

1. A woman, with grit from flying debris in her eye
2. A child, who, having fallen, experienced a sharp pain in the calf as though someone had struck her.
3. A man, who, while walking about amongst the debris, suddenly uttered a piercing scream, and fell, his body twitching with convulsions, frothing at the mouth, and unconscious.
4. A young man, whose abdomen was crushed. He was as white as a sheet, pulse rapid and feeble; his breathing was sighing in type, deep breathing alternating with shallow breathing; his extremities were cold.
5. A man, whose throat had been cut by flying glass in the neighbourhood of the angle of the jaw, with bright red blood spurting out.
6. A woman, who fell on the palm of her hand, and felt a sharp pain above her wrist, which was shaped on side view like a dinner fork.

This is the order in which I would attend to the casualties above:

Case 5. Cut Throat, Arterial Hæmorrhage

This is, without question, the first case to be treated, since the patient will die if not attended to immediately. Compress the carotid artery against the sixth cervical vertebra and apply a sterile dressing to the wound and send for a doctor, who will put on artery forceps, before transferring the patient to an ambulance. Some of these cases are complicated by wounds of the jugular vein in which case dark red blood comes from the upper side of the wound, requiring gentle pressure to control it. There may be a sucking sound which means that air is being drawn into the vein, a dangerous state of affairs, requiring a moistened burn dressing for treatment.

Case 4. Internal Hæmorrhage

Little can be done for this case, but the others are by no means urgent. The diagnosis is readily made on the signs and symptoms present and the nature of the accident. Treat by keeping warm with blankets and covered hot water bottles. There may be a marked thirst, but no fluids may be given, as there is no guarantee that a hollow organ has not ruptured; the most that can be done is to wash out the mouth. Transport lying down.

Case 3. Epilepsy

It is well known that excitement may precipitate a fit. Before the fit the epileptic gets a peculiar sensation which he comes to recognise as a signal, hence the cry. Treat by restraining or breaking the movements, rather than by stopping them. Undo all tight clothing, put a wedge between the teeth to prevent biting of the tongue, place some pillows beneath the head.

Case 3. Grit in the Eye

This is a common accident, and one as likely to affect personnel as anyone else. At such an incident as this the grit will usually be found under the upper eyelid, whereas if the foreign body comes from a grindstone it is usually on the cornea or clear part of the eye. If the grit is not seen in the eye, evert the upper eyelid, and remove the grit. If there are a number of loose pieces, bathe them out by dipping some clean cotton wool in some warm boric lotion and squeezing the wool over the eyeball, having previously washed the hands. If the grit is on the cornea, place a wool pad on the eye, and bandage lightly, sending to the first-aid post for removal.

Case 6. Colles Fracture of Radius

One of the commonest of fractures, especially among elderly people, and a fall on the hand is the usual cause. The "dinner fork" deformity and the fact that the whole hand is carried outwards, clinch the diagnosis. Place two padded splints on the forearm, the front one from the elbow to the webs of the fingers, the back one as far down as the wrist. The pain is more in evidence than loss of use because the fracture is an impacted one.

Case 2. Ruptured Muscle

The calf is the favourite site for a ruptured muscle; a less common place is the arm. Place the leg on a leg splint with foot piece; failing that, bandage tightly.

By courtesy of *The Nursing Mirror*

THE MOBILE UNIT—IN THEORY AND IN PRACTICE

THE IMPORTANCE OF IMMEDIATE TREATMENT FOR SHOCK

By Sister MARY F. THOMAS, S.R.N., G.M.,
Nurse in Charge of a London Mobile Unit

Miss Thomas's remarks, based on the experiences of the Unit in the blitz, gain added point, particularly in reference to the administration of morphia and combating of shock, in view of the fact that she was awarded the George Medal for her repeated attentions to casualties trapped in debris. She was the first woman in the London Civil Defence organisation to receive the award.

In theory, the chief functions of a mobile unit are:

- (1) To set up a temporary first-aid post in a convenient and previously earmarked building, or even in the open, near to the scene of the casualty incidence.
- (2) To augment any fixed First-Aid Post which is already overworked owing to a great influx of casualties.
- (3) To supervise the work of the R.S.D. and Stretcher Party Squads, administering such shock treatment as is possible to casualties trapped beneath the debris.
- (4) To adapt a suitable site as a classification and evacuation point to which all casualties can be sent and from which they can be disposed of according to the nature of their injuries.
- (5) To set up a temporary casualty hospital in the event of any great strain being thrown on the local hospitals.