

**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.

In practice, our Mobile Unit has fulfilled three of these functions, Nos. 1, 3 and 4; and by virtue of the close interdependence of the unit and the local First-Aid Post it constantly fulfils function No. 2.

All our exercises since war began have been concerned with the treatment of casualties brought to us by Stretcher Party Squads at an operational centre. Subsequent experience has proved the value of these exercises. It has also proved, up to the hilt, the case for sending every casualty at the scene of an incident to the unit for treatment (particularly of shock), classification, and evacuation to home or to hospital, or perhaps to a First-Aid Post instead of immediate despatch to hospital regardless of the degree of injury and without shock treatment. Blood loss, pain, dehydration, exposure to cold, and discomfort may contribute to the origin of shock.

How to deal with these factors? Hæmorrhage can be controlled by either a firm bandage or a tourniquet; aggravation of injury prevented by the application of a simple, comfortable splint; pain alleviated by the injection of morphia; dehydration combated by warming, stimulating drinks; and cold ward off by the application of hot water bottles and blankets to those parts of the body which are exposed. In general, ensure the maximum degree of comfort possible to achieve. Rubber bottles should be flannel covered.

In some cases we have had to inject morphia into the back of the hand and the nape of the neck—these being the only parts of the body visible in the debris. And we have known what it is to give a trapped casualty fluids by mouth by means of a length of rubber tubing and a funnel.

An eye bandage, or shield for the eyes, and a triangular bandage over the mouth and nose, not so tight that it will impede breathing, are effective safeguards against the choking brick-dust which troubles trapped casualties. On one occasion, I remember, we covered a casualty's head with a strip of linoleum salvaged from the ruins of her own home.

In my opinion the chief duties of a mobile unit are, above all else, to relieve pain and to treat shock—not necessarily to perform resection of gut and other major operations we have been equipped to perform. For us, I say, a blanket rather than a bistoury!

By courtesy of *The Nursing Mirror*

#### Key to the Ingenuity Test on page 337.

Question I. Clause A.

e. f. a. b. d. n. l. h. i. j. k. All other letters should be crossed out.

Question I. Clause B.

b. c. Cross out a. and d.

Question II.

l. b. c. e. h. Cross out the other letters.

Question III. Clause A.

a. d. Cross out the other letters.

Question III. Clause B.

b. c. e. 88° F. is correct. Cross out 110° F., 70° F., and "cold", and cross out d.