

Vacation First Aid

By DR. MARY SHELDON, Iowa State College Hospital

WITH the approach of the summer months and vacations everyone is planning how and where to spend these weeks.

A large proportion of the girls will want to spend at least a part of the vacation months in a girls' camp or with some other camping party in the woods near a lake or stream. For these who will be more or less removed from the usual home treatment for emergencies a few hints on first aid may be useful. In this it will be well to limit the subject matter to the common ails and accidents occurring on summer vacation trips.

Fainting is as frequent as under other living conditions. If a girl feels that she is about to faint she may prevent it by sitting down, folding the arms across the abdomen, bending the body forward so that the head hangs as low as possible between her knees and taking a deep breath. This forces the blood to the brain and restores the patient to normal. A person who has fainted should be placed on her back with her head, low, clothes should be loosened, aromatic spirits of ammonia may be inhaled and the face and neck bathed with cold water. There should be no crowding around the patient for she needs all the fresh air that she can get.

Insect bites and stings demand immediate treatment for relief of pain. Bathe the part in ammonia water and apply cold wet packs. Wet salt makes a satisfactory dressing.

Poisoning from oak or ivy is common in most localities and varies with the susceptibility of the individual. The first appearance of the skin irritation comes from direct contact with the poisoning leaf. Early in the disease one may carry the infection from one part of the body to another by scratching. The skin is irritated and swollen and blisters may form. The pain and itching is intense. The parts should be thoroughly washed with lime water or a saturated solution of boric acid. The surface is then dried and the inflamed areas smeared with zinc oxide ointment or instead carbolized vaseline may be used. A thin cloth should cover this but not a heavy dressing as no more heating should be caused than can be avoided.

Sunburn is a most frequent discomfort of the first days in camp. As a protection against the sun's rays a good powder dusted on the skin will help to a limited degree. To sooth the skin after burning has occurred a toilet cream will be of value. Vaseline plain or carbolized may also be used. A preparation of two parts of olive oil and one part lime water is a good application for sunburned skin. Frequent use of water on the burned surface will be more harmful than beneficial.

Heat burns. These vary in degree of severity. The least severe ones, causing only a reddening of the skin, can be covered with a paste of baking soda and water and a clean dressing applied. Carbolized vaseline, olive oil, or even fresh lard or cream will serve as a satisfactory dressing with which to cover the

burn and protect it from the air. Further care is probably not needed but with deeper or intensive burns with blistering or tissue destruction these dressings should be used only as a temporary treatment until medical aid can be secured. Always remember that in every burn, due to whatever cause, use care in removing clothing. Do not pull off the dressing from the burned surface, cut it away leaving the portion on the burn to be loosened with oil and removed. Never dress a burn with cotton next to the surface as this is difficult to remove entirely.

Heat exhaustion may occur after exposure to excessive heat. Weakness and depression but not unconsciousness are symptoms of this condition. The face is pale and the pulse weak. Have the patient lie down in as cool place as possible. Give cold water in small quantities. Tea, coffee, or aromatic spirits of ammonia may be given as stimulants. A greater degree of this condition is sun stroke but fortunately it is not common under the circumstances we are considering. Insensibility, hot, dry skin, dilated eyes, labored breathing and slow pulse are found in sun stroke. A doctor should be called immediately but while awaiting his arrival the patient should be laid in a cool place and cold applied to the body either by cold bathing or wrapping in cold wet sheets. No stimulants should be used unless under medical direction.

Wounds may vary in kind being cut, torn or punctured depending on the agent causing the injury. It is of first importance that you do not touch a wound with your hands and so not wash it as by this means pus forming organisms may be washed into and not out the wound. There is the danger also of organisms present in the water used and these might be the cause of infection. To slight injuries not involving tissues deeper than the skin, tincture of iodine applied, a sterile gauze over the wound and outside of this absorbant cotton, if needed on account of bleeding, and a bandage to hold all in place is all that is necessary. A sterile dressing may be applied to any wound as a temporary one until medical aid is secured.

Bleeding is the common accompaniment of all wounds being greatest in incised wounds and least in punctured ones. A moderate amount of bleeding is beneficial as by this means, dirt, and germs may be carried out of the wound. Pressure caused by the dressings is enough to control ordinary bleeding but unchecked hemorrhage will lead to great weakness and even loss of life. Constriction of circulation by pressure over the vessel leading to the site of injury will check the hemorrhage. This may be done by deep continuous pressure over the blood vessel by the thumb or fingers. But an easier and better way to control it for any long period of time is by applying a tourniquet. This may be used to check hemorrhage from an injury on either the upper or lower extremities, and these are the most common sites of such needs.

A firm pad or even a smooth round stone should be placed over the artery above the injury and a band handkerchief, towel, bandage or whatever is at hand is wrapped once or twice around the limb over the pad and tied loosely. A stick is put thru the loose band and twisted around until the blood flow ceases. A tourniquet should be loosened as soon as possible because tissue death will result from prolonged obstruction to circulation. It may be left in place and tightened again if hemorrhage recurs. Constriction at the base of a finger by a rubber band or bandage will check excessive bleeding distal to it. A tight bandage around the head, over the temples and forehead just above the ears will control hemorrhage from the scalp. In locations where other means are impractical pressure may be applied directly over the site of injury and the hemorrhage checked.

Artificial respiration. It will be wise for each person to keep in mind one method of artificial respiration which can be used at any time and in any place. This will be imperative in case of failure of respiration from drowning, from inhalation of gas, or from electric shock. The patient is laid on his stomach face turned to one side so that the nose and mouth are not covered, his arms extended beyond his head. The operator kneels astride the patients thighs facing the patient's head. The operator places his hand with the palm over the short ribs of the patient, he brings his body and shoulders forward letting his weight cause pressure in a vertical line from his shoulders to his wrists. This pressure is gradually increased for two or three seconds, compressing the patient's chest and forcing air from the lungs. The weight and pressure is suddenly removed and the chest expands and air rushes in. This should be carried on rhythmically at the rate of twelve to fifteen per minute. Restoration by artificial respiration should not be given up as useless only after one and one-half hours. When the patient begins to breathe he should be watched carefully and artificial means again used if he stops breathing. Hot water bottles and blankets should be used as soon as possible. A hot drink such as coffee should be given when the patient is able to swallow. He should be allowed absolute rest until he recovers from this condition.

For comfort in moving a patient with a fracture or otherwise injured arm a sling may be improvised to hold the arm still by using the sleeve of the garment worn if wrist length and of fairly firm material. Place the forearm across the breast so that it lies at right angles to the upper arm. The arm and hand should lie so that the thumb is up. Now pin the sleeve securely to the blouse so that the arm is held in position by the sleeve as a support.

A rolled blanket or coat makes a very acceptable splint for an injured leg. The splint should be placed beside the injured member and tied to it by strips of

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to be more difficult than you at first supposed.

"5. Try to make your will and the expression of it always the reflection of the everlasting right.

"6. Habitually connect some sort of pleasure with obedience and some sort of pain with disobedience."

I wonder if in conclusion I may suggest two or three books that will be very helpful along this line and also contain well-selected bibliographies which are very valuable:

"Child Study and Child Training," Forbush, (Scribners, Pub's.)

"The Boy Problem in the Home," Forbush (Pilgrim Press.)

"Girlhood and Character," Moxcey (Abingdon Press.)

"A Study of Child Nature," Elizabeth Harrison.

"Education by Plays and Games," Johnson.

These books should be in the hands of every parent and thoroly mastered.

Vacation First Aid

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cloth. Immobility of an injured part by means of splinting greatly decreases the pain caused by motion in carrying the individual.

Considering all the possible requirements for first aid it might seem that quite an equipment was essential but by careful choosing the necessities may be cut down to a fairly reasonable minimum. We can briefly summarize those which are needed and make a list as follows:

1. Aromatic spirits of ammonia.
2. Lime water or boric acid.
3. Carbolic vaseline.
4. Olive oil.
5. Tincture of iodine.
6. Two 2-in bandages.
- 1 1/2-in. bandages
- 1 small package sterile gauze
- 1 package cotton
- 1 card safety pins.

Various things as salt, baking soda and perhaps the olive oil may be secured from the cooking equipment.

Extravagant Economics

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or do you buy freshly sliced bulk dried beef at 60 cents a pound?

And finally, do you measure your economies by those of your next door neighbor, forgetting that no two families have the same needs? Buying in large quantities may be economy for a family of seven with a large basement store room, but would be most extravagant for a family of two living in a small apartment. The profits would go into the garage can in the form of spoiled food.

With your own eggs and milk a bread pudding may be a very cheap dish, but in a city with eggs and milk and gas at top prices, a plain bread pudding may become a very expensive luxury.

In other words, there is no set formula or rule by which economy may be judged. It is an individual problem to be solved by each family by the use of a little careful figuring and a whole lot of common sense.

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