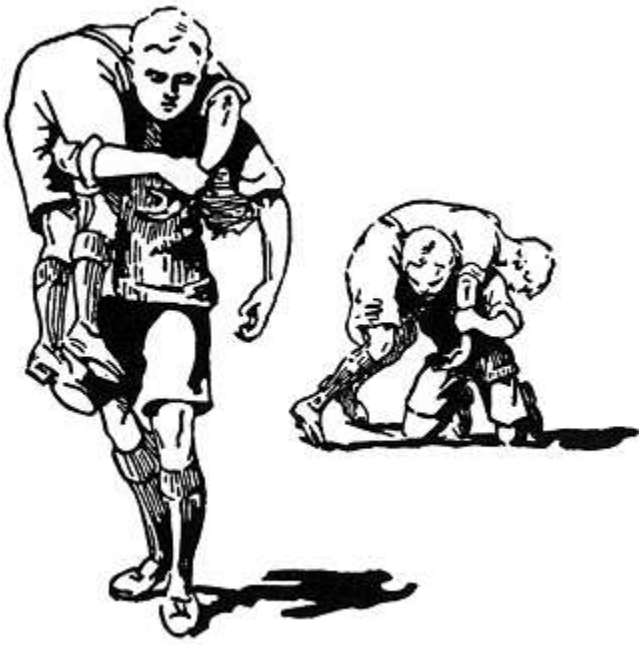


CAMP FIRE YARN NO. 25

HELPING OTHERS

Rendering First Aid . Shock . Bleeding
Artificial Respiration . Other First Aid
How to Carry a Patient

HINTS TO INSTRUCTOR

In teaching First Aid the usual mistake is that the boys are instructed as for passing an examination rather than for applying intelligent knowledge to an emergency. Thus the Scout who took charge of a baby in convulsions at the railway station and ran to the engine and popped it into a bucket of hot water did the right thing. He had seen mother do it. Therefore, use demonstrations and incidents rather than teach Latin names of bones, etc. It is impossible in the short space at one's disposal to give all the details of First Aid.

If you should come upon an accident, remember this: You are not a doctor. As a first aider you should send for a doctor at once except for minor injuries. Your job is to keep the patient from getting worse until medical attention can arrive, by preventing shock, stopping bleeding, giving artificial respiration, or doing whatever else is necessary.

In an accident when you are alone with an injured person who is unconscious, lay him on his back with his head a little raised and on one side so that he does not choke, and so that any vomit can run out of his mouth. Loosen the clothing about his neck and chest. Cover him up to keep him warm. See where he is injured, and care for him according to what you are taught in first aid.

If you have found the man lying insensible, you should carefully examine the ground round him for any "signs" and take note of them and of his position in case it should afterwards appear that he had been attacked by others.

If you are out with a Patrol and an accident happens, or you find an injured man, the Patrol Leader should send one Scout for a doctor; he himself will attend to the patient with one Scout to help him. The Second will use the other Scouts in assisting by getting water or blankets, or making a stretcher or keeping the crowd back if one is forming by making a fence with their staves.

As a rule it is best to keep a patient quiet at first. Do not try to move him unless it is necessary, and don't bother him with questions until he recovers a bit.

Shock

Shock is a dangerous condition that comes with almost all injuries. You should always be on the watch for it, or, better, take for granted that it is there and do what you can to prevent it from becoming serious.

The patient gets faint, his face pale. He may become unconscious. Don't let that happen. Lay him down immediately, flat on his back, with head to one side. Keep him warm by putting blankets or coats around him.

Bleeding

When a man is bleeding badly from a wound, press the wound or the flesh just above it—that is, between the wound and the heart—press it hard with your thumb to stop the blood running in the artery. Then make a pad with something like a flat rounded pebble and bind it over the wound.

If bleeding violently, tie a handkerchief loosely round the limb above the wound, and twist it with a stick until the blood stops. This is called a tourniquet. It must be eased at least every fifteen minutes or serious permanent injury may result. Keep the wounded part raised above the rest of the body if possible. Get a doctor as soon as possible.

On a small wound apply iodine and cover with a clean (sterile) dressing. Hold this in place with a bandage.

Bleeding from the ears and insensibility after a fall indicate injury to the skull. The patient should not be moved at all. if possible. It is best to keep him lying on the spot, put cold water or ice to his head and keep him quiet till a doctor comes.

Spitting or throwing up blood means internal injury or bursting of a small blood-vessel inside the patient. If the blood is light red in color and mixed with froth it means injury to the lungs. In either case keep the patient quiet and give ice to suck or cold water to sip. Send for a doctor.

Artificial Respiration

To restore anyone who is apparently drowned, or someone who is not breathing from having been overcome by smoke or fumes, you need to apply artificial respiration. It consists merely in laying the patient on his front, and then squeezing the air out of him and letting it in again.

Every Scout should know how to apply artificial respiration.

1. Immediately after the removal from the water, lay the patient face downwards, with one arm extended and the face turned to the side, resting on the other arm. Kneel alongside or astride of the patient, facing towards his head.
2. Place your hands on the small of the patient's back, one on each side, with the fingers together on the lowest ribs.
3. Swing forward with the arms straight, and make a firm, steady downward pressure on the ribs of the patient, while you count slowly in thousands—"one thousand—two thousands"— to press the patient against the ground and to force the air from his chest.
4. Then swing your body backwards so as to relieve the pressure, without removing your hands, while you count slowly—"three thousands—four thousands".

Continue this backward and forward movement, alternately relieving and pressing the patient against the ground in order to drive the air out of his chest and mouth, and allowing it to suck itself in again, until gradually the patient begins to do it for himself.

The proper pace for the movement is about twelve pressures to the minute.

As soon as the patient is breathing, you can leave off the pressure—but watch him, and if he fails you must start again till he can breathe for himself. It may be necessary to have relays of helpers.

Then let him lie in a natural position, and set to work to get him warm by putting hot flannels or bottles of hot water between his thighs and under the arms and against the soles of his feet.

Wet clothing should be taken off, and hot blankets rolled round him. The patient should be disturbed as little as possible, and encouraged to sleep, while carefully watched for at least an hour afterwards.

Now just practise this with another Scout a few times, so that you understand exactly how to do it, and so **BE PREPARED** to do it one day to some poor fellow in need of it.

Other First Aid

Acid Burning

A case occurred of a woman throwing vitriol over a man s face. This is an awful acid, which burns and eats away the flesh wherever it touches. Fortunately a policeman happened to be on the spot at the time, and knew what to do. He at once applied lots of water to which some soda had been added to wash off the acid, then cared for the wound as a regular burn.

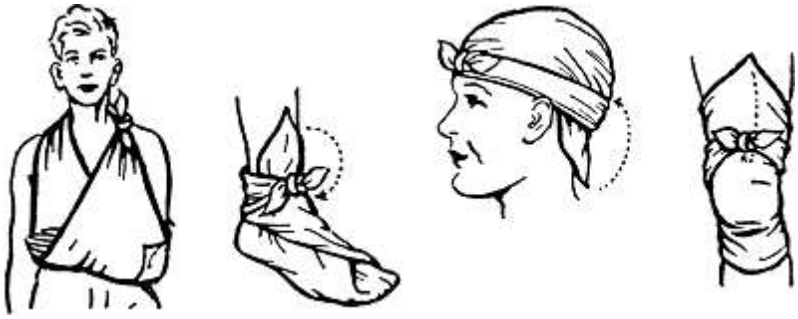
Appendicitis

This catches some people rather suddenly, though generally it is preceded by feeling out of sorts. It gives a sharp pain in the abdomen two inches to the right and below the navel. Send for doctor.

Bandages

For binding a broken limb you want a good large three-cornered bandage, such as your Scout neckerchief. Its two sides should each be about forty inches long.

To make a sling for broken arm or collar-bone, hang the bandage round the patient's neck, tying the two ends together in a reef-knot (square knot) with the point of the bandage towards the damaged arm. Rest the arm in this sling and bring the point round the back of the arm and pin it to hold the elbow in the sling.



A Scout neckerchief can be used for making a sling and a bandage.
Make the bandage neat by tucking in the end as shown by the arrow.

The head bandage is used for keeping a dressing on a scalp wound. Open out your triangular bandage, and fold the base up about two inches. Place the middle of this on the patient's forehead, just at the eyebrows, so that the point hangs down over his neck. Now take the two ends and cross them firmly at the base of the patient's skull, and bring them up round and tie in a reef-knot on the forehead. Turn the point up and pin on the top of the head. Be careful that the folds are neat at the side of the head, and that the two ends are tucked away.

Bleeding from the Nose

This does not usually do much harm or prove dangerous. But the bleeding sometimes refuses to stop, which means the patient is losing a lot of blood. To stop it, sit the patient on a chair and tell him to lean his head well back and breathe entirely through his mouth. Applying cold to the back of his neck may prove beneficial.

Blood Poisoning

This results from dirt being allowed to get into a wound. Swelling, pain, red veins appear. Fomenting with hot water is the best relief. Get patient to a doctor.

Broken Bones

You can generally tell that an arm or a leg is broken by a swelling and pain about the place where the break is. Sometimes the limb is bent in an unnatural way and the patient cannot use it. Get a doctor. Treat for shock.

The broken limb should not be moved about at all. If it is absolutely necessary to transport the patient, bind the broken limb to something stiff, a splint that will keep it stiff and straight while the patient is being moved to hospital.

A splint may be a wooden batten, Scout staff, tightly-rolled newspaper, etc. It should be long enough to go beyond the joints above and below the break. You should put a splint on each side of the limb if possible. Then bind the splints firmly from end to end with handkerchiefs, neckerchiefs, or strips of linen or cloth, but not so tightly as to stop the blood circulating or to press into the swelling.

The collar bone may sometimes be broken in a fall. No splint is needed. Bend the forearm on the injured side up diagonally across the chest and place it in a sling. Tie a narrow bandage around the body, over the sling.

Burns and Scalds

When anyone gets accidentally burnt or scalded with hot water, and the skin gets red, the thing to do is, at once, to put some sort of grease over it, such as vaseline, and then bandage gently. A paste made from baking soda and water gives relief for a light burn. SUNBURN is treated as any other burn.

If part of the dressing sticks to the burn, do not tear it away, but cut the cloth around it with a sharp knife or scissors, then as quickly as possible protect burnt parts from the air.

In a case of severe burns (blisters or even charring), send for a doctor and treat the patient for shock. Never break blisters.

Choking

To dislodge the obstruction, lean the patient forward and thump the back hard between the shoulder blades. A child may be turned upside down and thumped on the back. If this is unsuccessful, open the mouth, forcibly if need be, pass two fingers along the tongue right to the back of the throat and try to pull up the foreign body. If vomiting results, immediately turn the head on one side.

Choking sometimes comes from a sudden swelling inside the throat. In this case put hot steaming flannel fomentations to the neck and give the patient ice to suck, or cold water to sip.

Concussion or Stunning

This is a common result of a fall or bang on the head. Keep the patient quite still and warm. Get a doctor as quickly as possible. The worst thing you can do is to give spirits or stimulants and to move the patient.

Electric Shock

Men frequently get knocked insensible by touching an electric cable or rail. The patient should be moved from the rail, but you have to be careful in doing this that you don’t get the electric shock also. If possible switch off electric current. Otherwise insulate yourself by standing on glass, or dry wood if glass is not obtainable, or put on rubber boots. Also

put on rubber gloves before touching the patient. If you have none, wrap your hands in several thicknesses of dry cloth, and pull the patient away with a dry stick. Artificial respiration may be necessary; when breathing is restored, treat for regular shock.

A boy was hunting butterflies at St. Ouen, in France, when he fell on the "live" rail of the electric railway and was instantly killed. A passer-by, in trying to lift him off, fell dead beside him. A brickmaker ran up and tried to rescue them and was himself struck dead in the same way. The two would-be rescuers were killed through not having learned beforehand what was the right thing to do.

Fainting

If your patient faints and is pale—fainting comes from too little blood in the head—make him sit down and push his head down between his knees. Bathe the face with cold water. If his face is flushed, raise the head—there is too much blood in it, as in apoplexy or sunstroke.

Fish-Hook in the Skin

I got a fish-hook into my finger once. I got a knife and cut off all the fly which was on the hook, then pushed the hook farther into my finger till the point began to push against the skin from inside. With a sharp knife I cut a little slit in the skin so that the point came easily through, and I was then able to get hold of it and to pull the whole hook through. Of course you cannot get a hook out backwards, as the barb holds tight in the flesh all the time.

Clean the wound.

Fits

A man cries out and falls, and twitches and jerks his limbs about, froths at the mouth; he is in a fit. It is no good to do anything to him but to put a bit of wood or cork between his jaws, so that he does not bite his tongue. Let him sleep well after a fit.

Grit in the Eye

Do not let your patient rub the eye; it will only cause inflammation and swelling, and so make the difficulty of removing the grit all the greater.

If the grit is in the lower eyelid, drawn down the lid as far as you can, and gently brush it out with the corner of a moistened handkerchief.

If it is under the upper lid, pull the lid away from the eyeball, down over the lower lid. In this way the eyelashes of the lower lid will generally clean the inside of the upper one.

Another way, which every Scout must practise, is to seat your patient and stand behind him yourself with the back of his head against your chest. Lay a match on the upper part of the upper eyelid, and then catch hold of the edge of the eyelid and draw it upwards over the match so that it turns inside out. Gently remove the grit with the corner of a wet handkerchief, and roll the eyelid down again.

If the eye is inflamed, bathe it with lukewarm water.

If the grit is firmly imbedded in the eye, drop a little oil (olive or castor oil) into the lower lid. Close the eye, cover it with a soft wet pad and bandage, and get a doctor to see it.

Hysterics

Nervous people, especially women, sometimes get hysterics when excited, crying, laughing, and screaming. The best treatment is to shut the patient into a room and leave him entirely alone till he gets over it. Don't try to soothe him, it only makes him worse.

Poisoning

If a person suddenly falls very ill after taking food, or is known to have taken poison, the first thing to do is to send for a doctor. Then, if the mouth is not stained or burnt by the poison, make him sick by giving him salt and warm water or mustard and warm water, and try tickling the inside of his throat with a feather. If the poison is an acid that burns, the patient should not be made to vomit, but given magnesia or baking soda in water to destroy the acid. The patient should be kept awake if he gets drowsy.

Smoke, Fumes or Gas

Accidents are continually occurring from escapes of gas in mines, sewers, and houses.

In endeavoring to rescue a person, keep your nose and mouth well covered with a wet handkerchief, get your head as close to the floor as possible, and drag the insensible person out as I have suggested in case of a fire. Drag your patient as quickly as possible into the fresh air—(I say as quickly as possible, because if you delay about it you are very apt to be overcome by the noxious gas yourself)—then loosen all his clothing about the neck and chest and dash cold water in his face. If you find that he is no longer breathing, then treat him as you would a drowned person, and try to work back the breath into his body with artificial respiration.

The bowlines in the rope for dragging an insensible person.

Snake Bite

Remember that poison from a snake bite gets into your blood, and goes all through your body in a very few beats of your pulse. Therefore, whatever you do must be done immediately. The great thing is to stop the poison rushing up the veins into the body. To do this bind a cord or handkerchief immediately round the limb above the place where the patient has been bitten, so as to stop the blood flowing back to the heart with the poison from the wound, and cut the wound still more, to make it bleed, and run the poison out. The poison, when sucked into the mouth, does no harm unless you have a wound in your mouth.

The patient should also be given stimulants, such as coffee, and should not be allowed to become drowsy, but walked about and pricked and smacked in order to keep his senses alive until a doctor takes him over.

Sprained Ankle

Apply a tight bandage. Keep the patient from trying to walk, or put any weight on the foot. Fetch help and have the patient carried home. Keep the foot raised; remove the boot carefully. Apply cold, to relieve the pain and stop the swelling. This is done by wringing out a piece of material or a small towel folded in several thicknesses in very cold water, and wrapping the ankle in it.

If cold fails to relieve the pain hot applications may be a comfort. These are called hot fomentations, and there are several things to remember about them: Pour boiling water upon the folded material, which should then be wrapped in a thin towel or cloth so that you may be able to wring it out. Be sure to wring as dry as possible, otherwise you may scald the patient. Shake the fomentation out, and apply quickly while very hot. When the pain is relieved, leave off the fomentations. Keep the foot firmly bandaged, and make the patient rest for a few days.

Stings

The best antidote for all stings is ammonia. You can remember this by the front letters of the alphabet: (A)mmonia for (B)ee sting. Baking soda is also good. Remove the stinger from a bee with a clean needle.

Suicides

Where a man has gone so far as to attempt suicide, a Scout should know what to do with him.

In the case of a man cutting his throat, the point is to stop the bleeding from the artery, if it is cut. The artery runs from where the collar-bone and breast-bone join up, to the corner of the jaw, and the way to stop bleeding is to press hard with the thumb on the side of the wound nearest to the heart, and to keep up the pressure until assistance arrives.

In a case where the would-be suicide has taken poison, give him first aid for poison (see above).

In the case of hanging, cut down the person at once, taking care to support him with one arm while cutting the cord. Cut the noose, loosen all tight clothing about the neck and chest. Let the patient have as much fresh air as possible, throw cold water on the face and chest, or cold and hot water alternately. Perform artificial respiration, as in the case of apparently drowned people.

A Tenderfoot is sometimes inclined to be timid about handling an insensible man or a dead man, or even of seeing blood. Well, he won’t be much use till he gets over such nonsense. The poor insensible fellow can’t hurt him, and he must force himself to catch hold of himself. When once he has done this his fears will pass off.

How to Carry a Patient

A four-handed seat can be made by two Scouts each grasping his own left wrist with his right hand and in the same way grasping the right wrist of the other Scout with his left hand. If a back is required a three-handed seat is made in much the same way, except that one Scout makes a back by grasping the shoulder of the other.

Stretchers may be arranged in some of the following ways:

(a) A door, gate, covered well with straw, hay, clothing, sacking.

(b) A piece of carpet, blanket, sacking, tarpaulin, spread out, and two stout poles rolled up in the sides. Put clothes for a pillow.

(c) Two coats, with the sleeves turned inside out. Pass two poles through the sleeves; button the coats over them.

(d) Two poles passed through a couple of sacks, through holes at the bottom corners of each.

In carrying a patient on a stretcher be careful that he is made quite comfortable before you start. Let both bearers rise together; they must walk out of step and take short paces. It should be the duty of the hinder bearer to keep a careful watch on the patient.

If the poles are short, four bearers will be necessary, one at each corner of the stretcher.

PATROL PRACTICES IN FIRST AID

Training in first aid should be very thorough as the public expects much of Scouts.

———

Arrange surprise "accidents" during Patrol or Troop meetings, and let different Scouts take charge.

———

Introduce at odd moments such practices as: improvised stretchers, four—handed seat, artificial respiration, making splints for an injured limb.

———

GAMES IN FIRST AID

Missionaries

Each Scout in turn acts as an explorer or missionary, with a few simple remedies. Three patients are brought to him in succession to be treated, each having a different disease or injury. He has to advise or show what treatment should be carried out.

Wounded Prisoners

Placed at various points, each fifty yards from camp, are prisoners one for each competitor in the game. These prisoners have a tag, describing an injury, attached to their shirts.

At a signal each of the competitors has to make for a prisoner, give him first aid for his injury and bring him home. The one who reaches camp first with a prisoner properly cared for, wins.

Displays

Life-saving displays are very popular both with performers and with the audience.

Bicycle Accident—Boys returning from camp. A rash cyclist. Misfortune. Injuries attended to and patients carried away to hospital on improvised stretchers.

Gas Explosion—Mrs. Coddles and family take a walk. On her way home, Mrs. Coddles meets a friend. Maria is sent on to light the gas stove and prepare father's tea. Father gets back from work and finds the house full of gas. Ambulance squad comes to the rescue. Maria is dragged out and given artificial respiration. Constable Ado arrives on the scene. How not to look for a gas escape. Sad end of a gallant but thoughtless policeman.

Fire Display—Evening at No. 5 Suburbi Villas. Fire alarm. Inmates aroused. Fence formed to keep back the crowd. Arrival of fire section with jumping-sheet. Life-lines and ladders. Rescue of remaining occupants.

Factory Fire—The workmen are engaged in their daily occupation when an explosion occurs, causing a fire inside the building and an exterior wall to collapse, which injures a man who happens to be passing at the time. The uninjured workmen attend to their unfortunate comrades, while others rush off for help and return with the ambulance and fire apparatus. Some of the men are rescued from the burning building by jumping from the tower into carpet.