

Home Safety Quiz

An illustration of a house entrance at night. A stone path leads to a white door with a small window and a decorative pediment. A lantern hangs on the wall to the right, casting a warm glow. The scene is framed by dark foliage and a tree trunk on the left.

Questions and Answers
to Help You in Preventing
Accidents in Your Home

METROPOLITAN LIFE INSURANCE COMPANY
HOME OFFICE: NEW YORK
Pacific Coast Head Office: San Francisco - Canadian Head Office: Ottawa

ALL HOME ACCIDENTS
are the result of unsafe
conditions or unsafe practices.

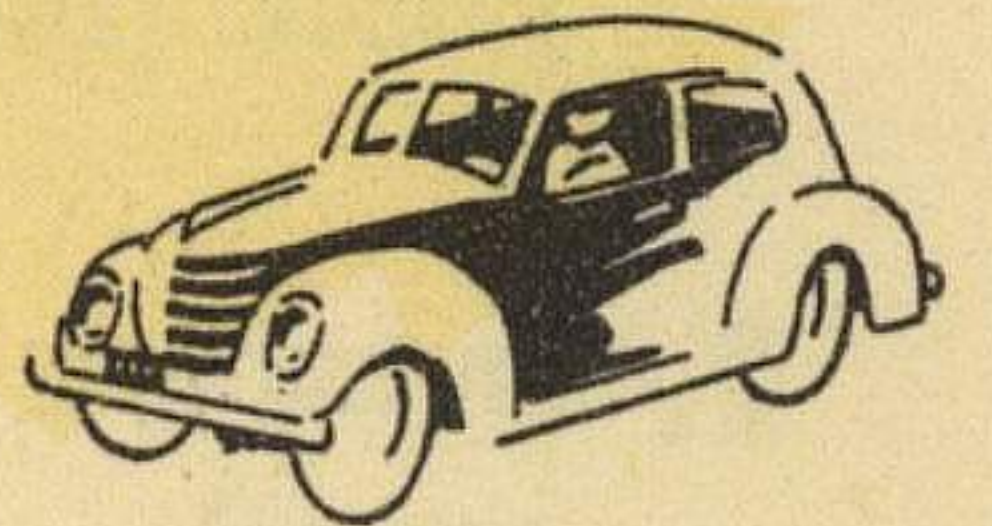
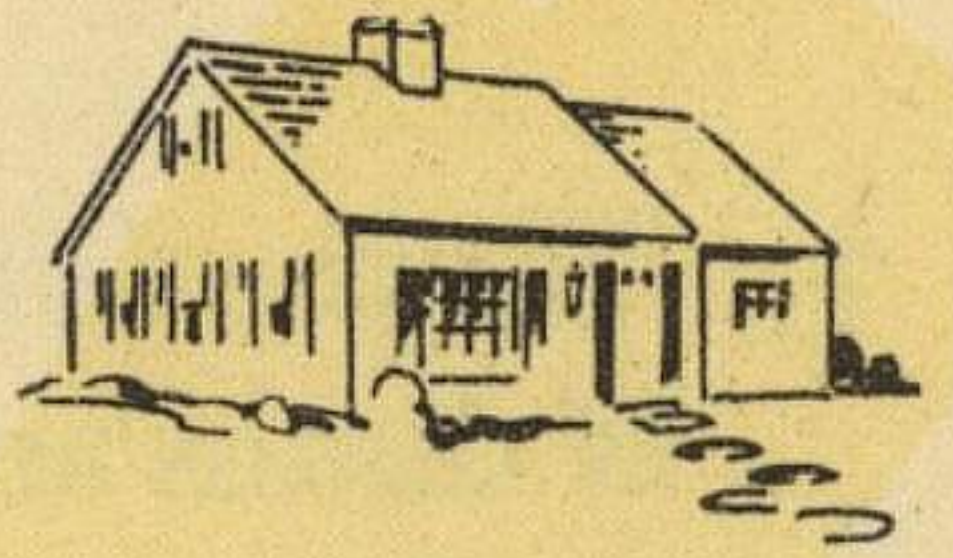
The following questions and
answers emphasize the impor-
tance of home safety, and indi-
cate how some of the more
frequent types of home accidents
can be prevented.

Questions

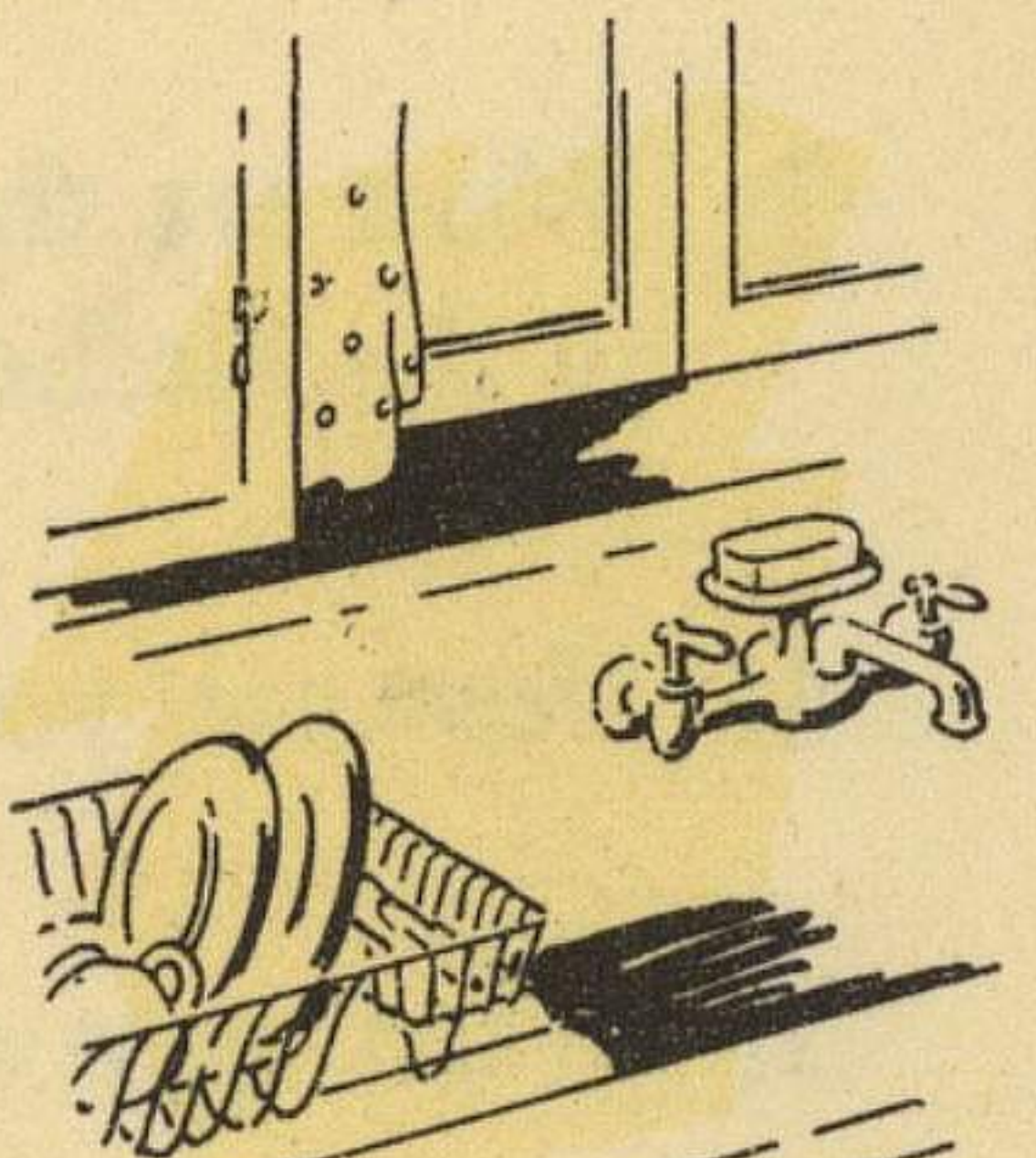
1. Which of the following classes of accidents results in the greatest number of deaths and disabling injuries—motor vehicle accidents, home accidents, public (not motor vehicle) accidents, or occupational accidents?
2. In which room of the house do the greatest number of serious accidents occur?
3. What are the chief precautions which should be taken to prevent injuries in the kitchen?
4. How can you prevent accidents on the stairs of your home?
5. What type of accident results in one half of all home accident deaths?
6. What precautions should be taken when poisonous materials must be kept in the house?
7. How can living-room accidents be prevented?
8. How can you guard against fires, burns, and shock from electricity?
9. What are the two most important causes of home accident deaths among children less than 5 years of age?
10. How can you prevent the more common types of bathroom accidents?
11. What precautions should be taken to prevent accidents due to the escape of illuminating gas?
12. What can be done to prevent persons from being overcome by carbon monoxide gas?
13. How can accidents in the cellar be prevented?
14. How can the yard be safeguarded?

Answers

1. Motor vehicle accidents slightly exceed home accidents as a cause of death in the United States as a whole, although in many cities the reverse is true. However, nearly four times as many disabling injuries result from home accidents as from motor vehicle accidents.



2. In the kitchen. (The second largest number of serious accidents take place in the living room. *But* more accidents occur on the stairs than in *any* room in the house.)



3. Turn the handles of pots and pans on the stove out of reach of small children.

Fasten curtains to prevent them from blowing into open flames.

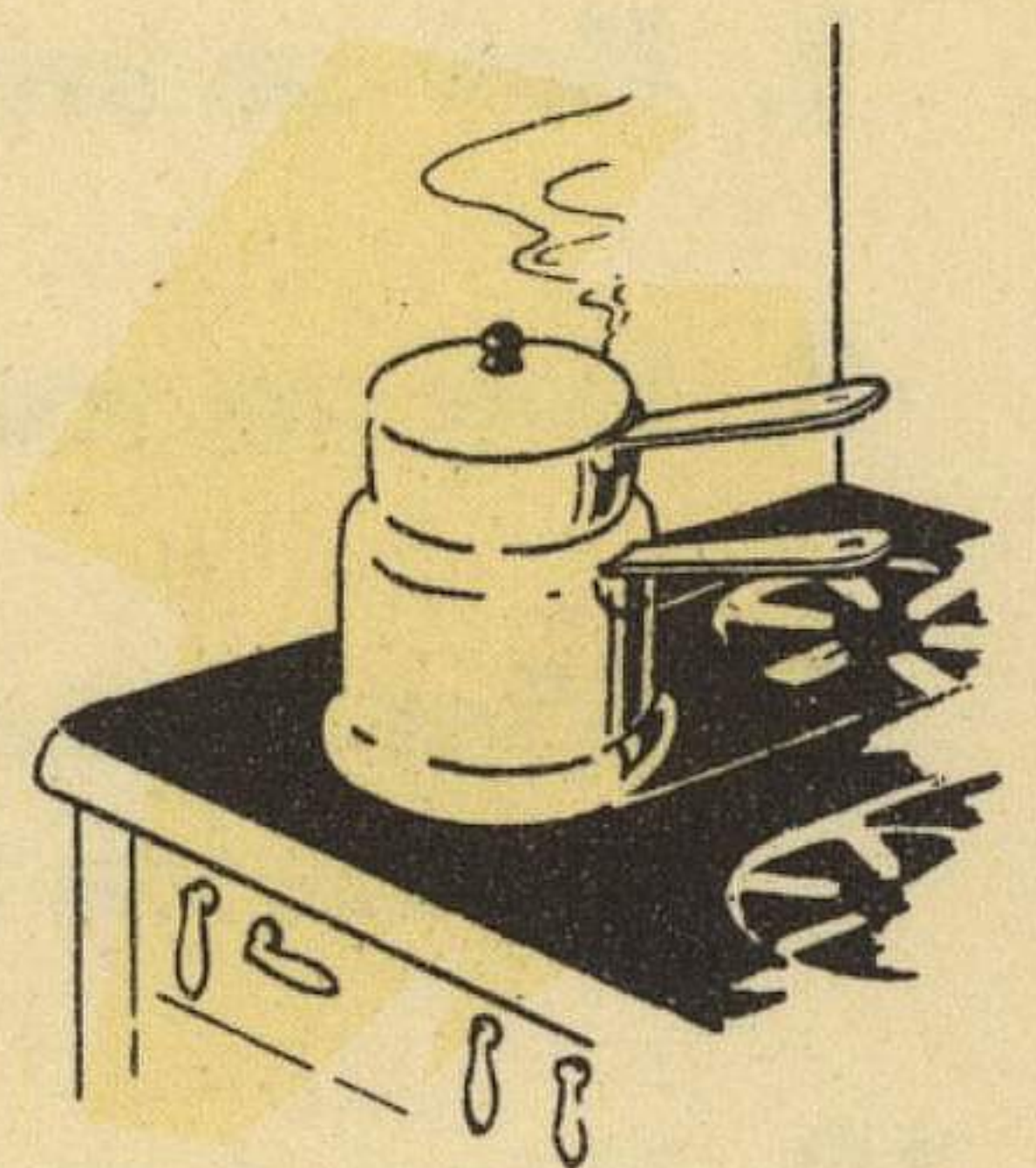
Before leaving the kitchen for any length of time pull out the plugs of portable electrical appliances.

Keep matches in noninflammable containers where children cannot reach them.

Use short ladders—not stools, chairs, or boxes—to reach upper cabinets or other high places in the kitchen.

Immediately place broken glass or crockery in a discarded box or can with a cover, and wrap it in heavy paper before placing it in the rubbish container.

Keep the floor clean of grease and other slippery substances.

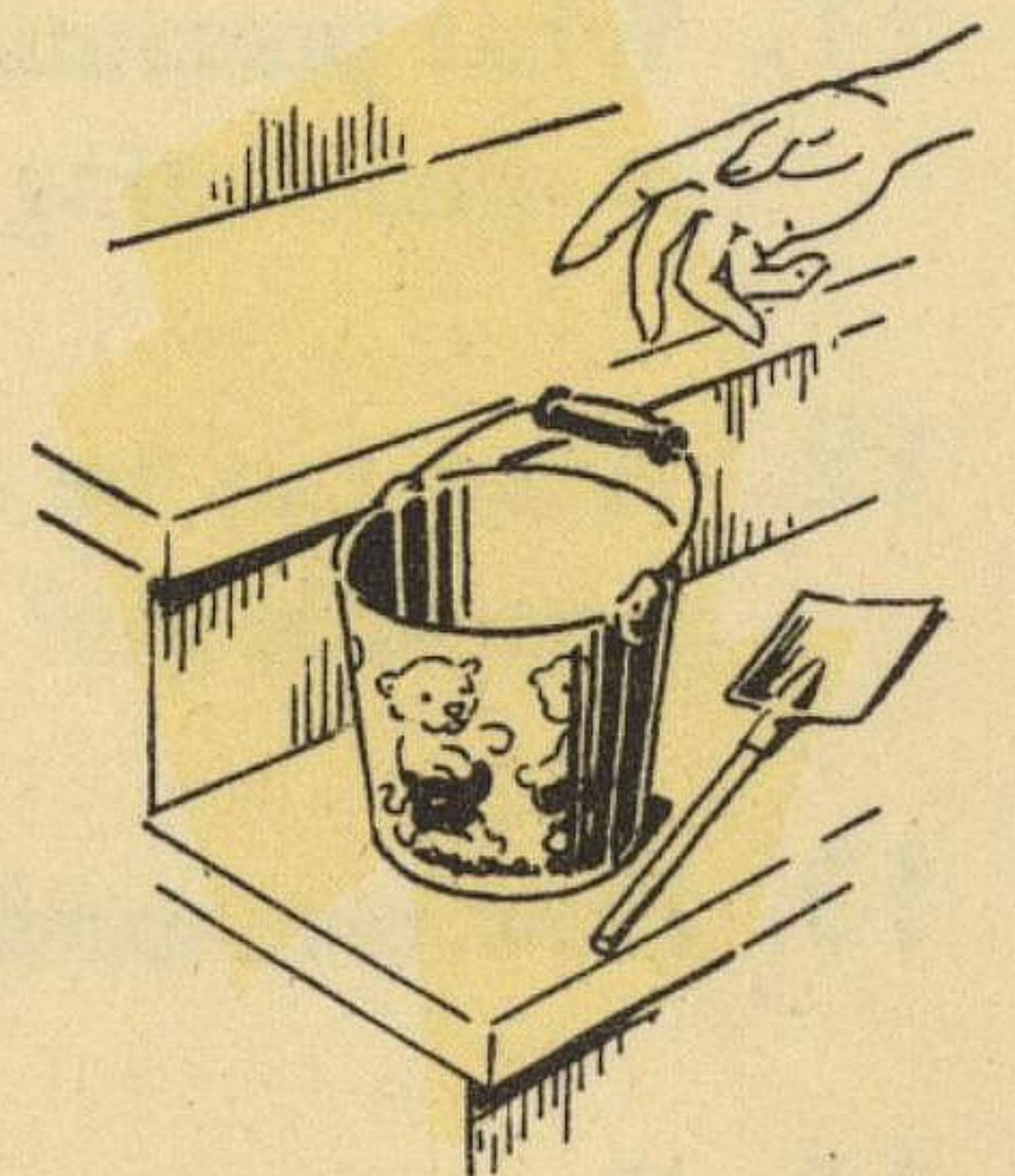


4. Make sure that handrails and stair treads are in safe condition.

See that rugs and carpets on steps and landings are kept in repair and fastened securely and safely.

Make it a practice to keep stairs and stair landings free of mops, brooms, soap, pails, toys, or any other objects which may cause a person to fall.

If there are young children in the home, place a gate at the top of the stairs to prevent falls.



Answers

5. Falls. (About 80 percent of the accidental deaths of persons 65 years of age or older are due to falls.)



6. Keep all medicines and cleaning substances in secure containers, out of reach of young children, plainly marked as to content, and preferably in locked cabinets. Never take medicine in the dark. Always make sure of the contents of the container before taking any medicine.

Know the antidote for each poison kept in the house.



7. Fasten rugs to prevent slipping, or use nonslip underpads.

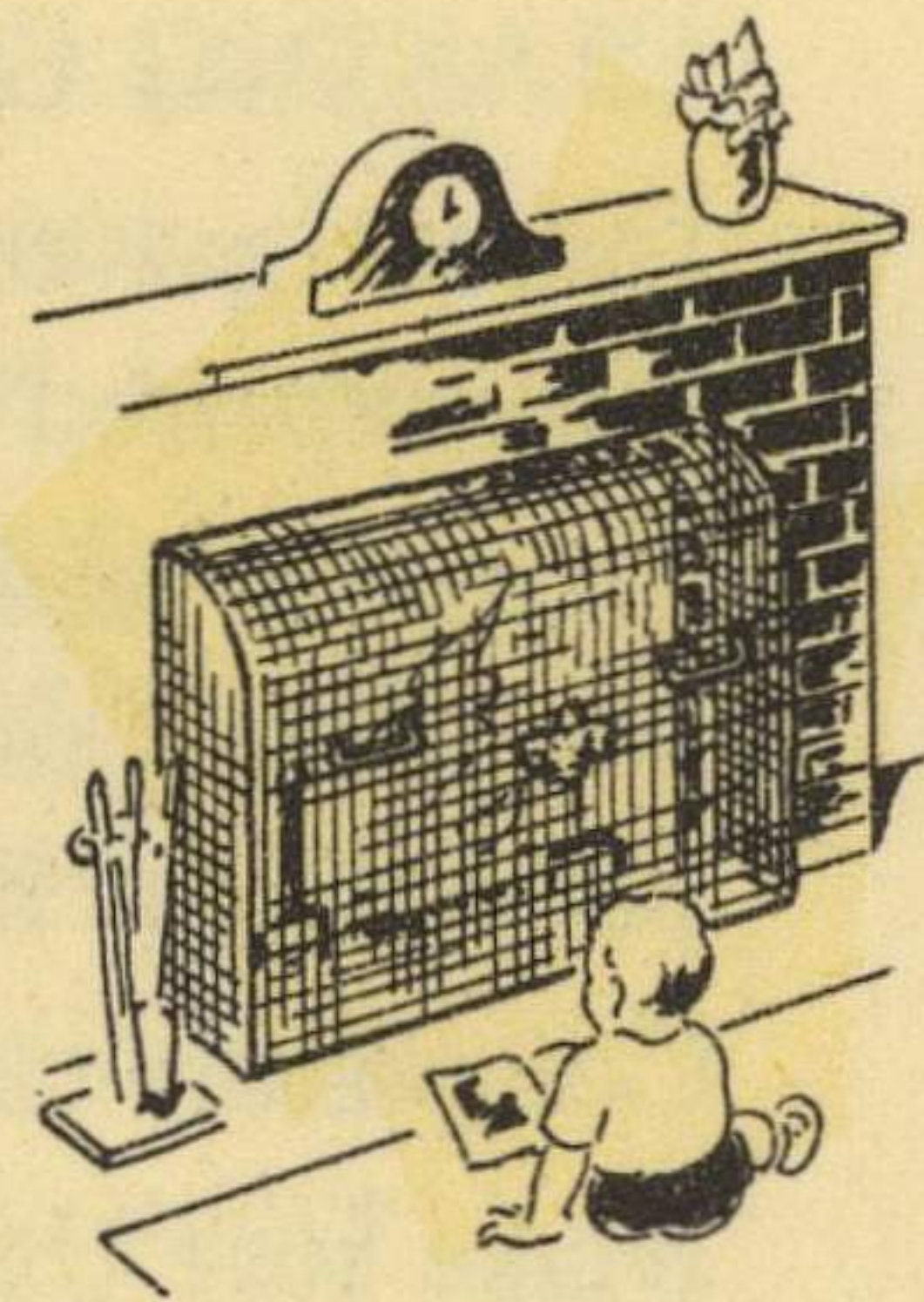
Before turning out the light, make sure that all articles of furniture are in their customary places to prevent stumbling over them in the dark.

Extinguish cigars, cigarettes, and matches after use, and place them in proper receptacles.

Keep a screen in front of an open fireplace whenever a fire is burning.

Keep draperies, decorations, and other inflammable materials away from open lights or from close contact with electric bulbs.

Keep small objects such as buttons, marbles, and pins off the floor and away from small children.



8. Make sure that household wiring is adequate for safely conducting the current to operate electrical appliances, and that circuits are protected with proper fuses.

Use only "U L" approved outlets, fixtures, and cords; have repairs made promptly.

Teach members of the family not to touch anything electrical when the hands are wet or when any portion of the body is in water.



9. Burns and suffocation. (About one third of the home accident deaths of children under 5 years of age result from burns and scalds; about one fifth from mechanical suffocation, chiefly smothering under bedclothes.)



Answers

10. Use a rubber mat or other nonskid mat in the bathtub to prevent slipping, or else have a handhold on the wall.

Place soap in a safe container instead of leaving it in the tub or on the floor.

Place the electric heater so that no one can trip over the electric cord.

Disconnect the heater before retiring or leaving the room for any length of time.

Promptly replace broken faucet handles.

To prevent scalds, test the temperature of the water before stepping into the tub or shower.

11. NEVER LIGHT A MATCH OR TURN ON AN ELECTRIC SWITCH IN THE PRESENCE OF LEAKING GAS.

Inspect gas equipment periodically, and have all defects repaired immediately by competent workmen.

Promptly replace gas hose and all connections when worn, and use "U L" approved flexible tubes for portable gas burners and heaters.

Completely turn off all gas-stove cocks.

Make sure that gas flames cannot be extinguished by a draft of air or by liquids boiling over.

When in doubt concerning causes of gas leaks, telephone the gas company.

12. Always open the garage doors or windows before starting an automobile engine in the garage.

Keep furnace and stove pipes clean and in good repair.

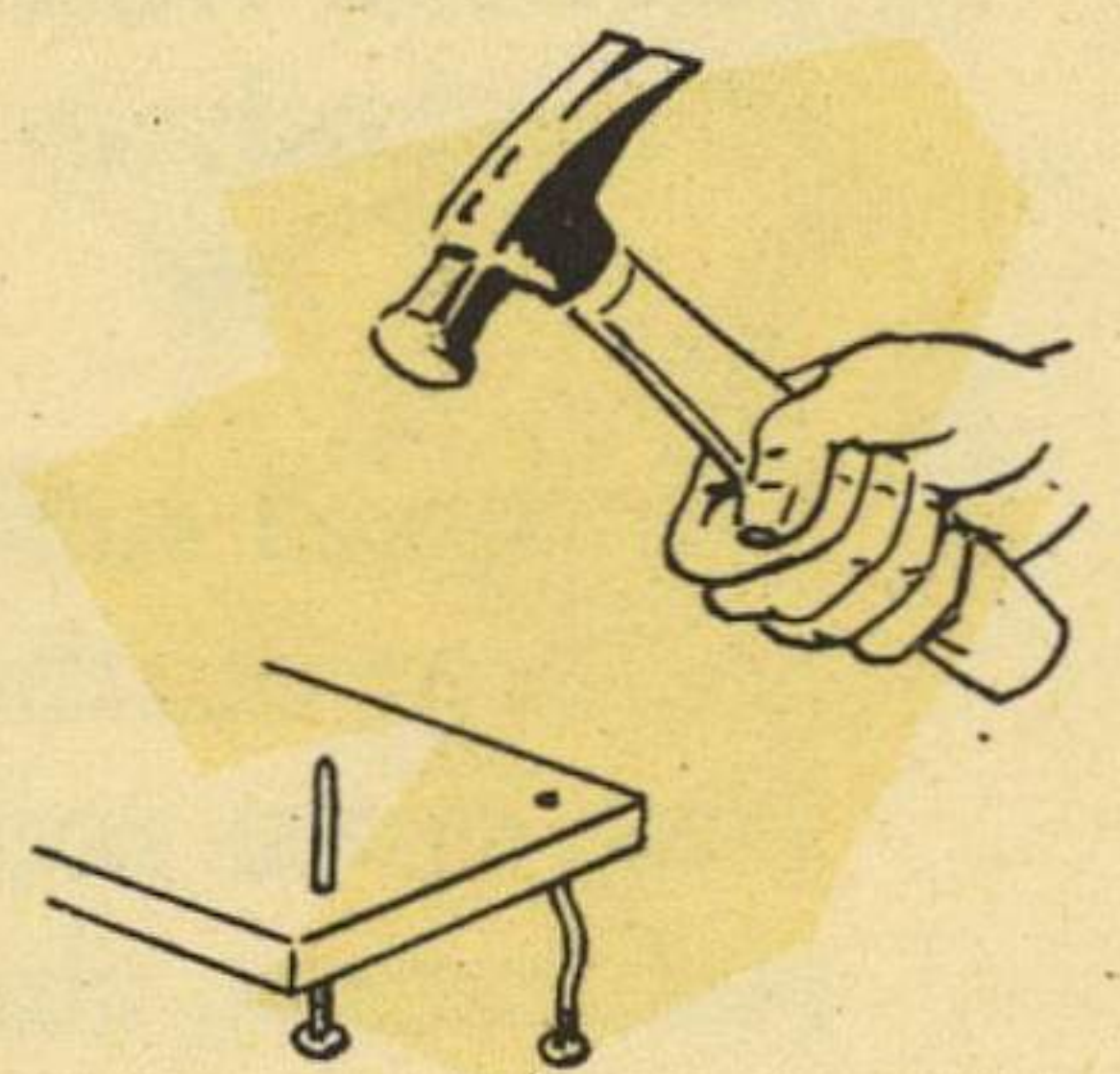
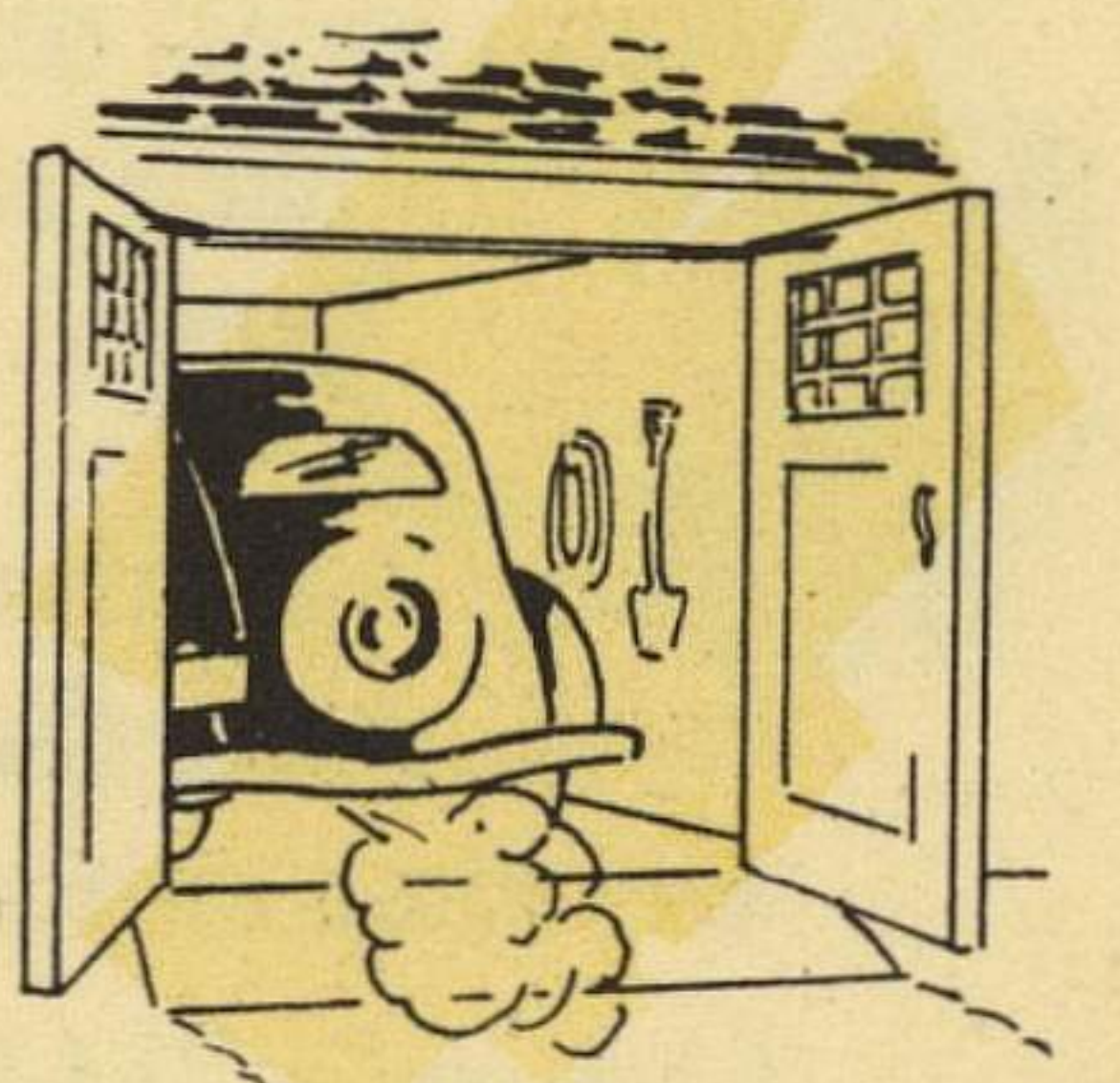
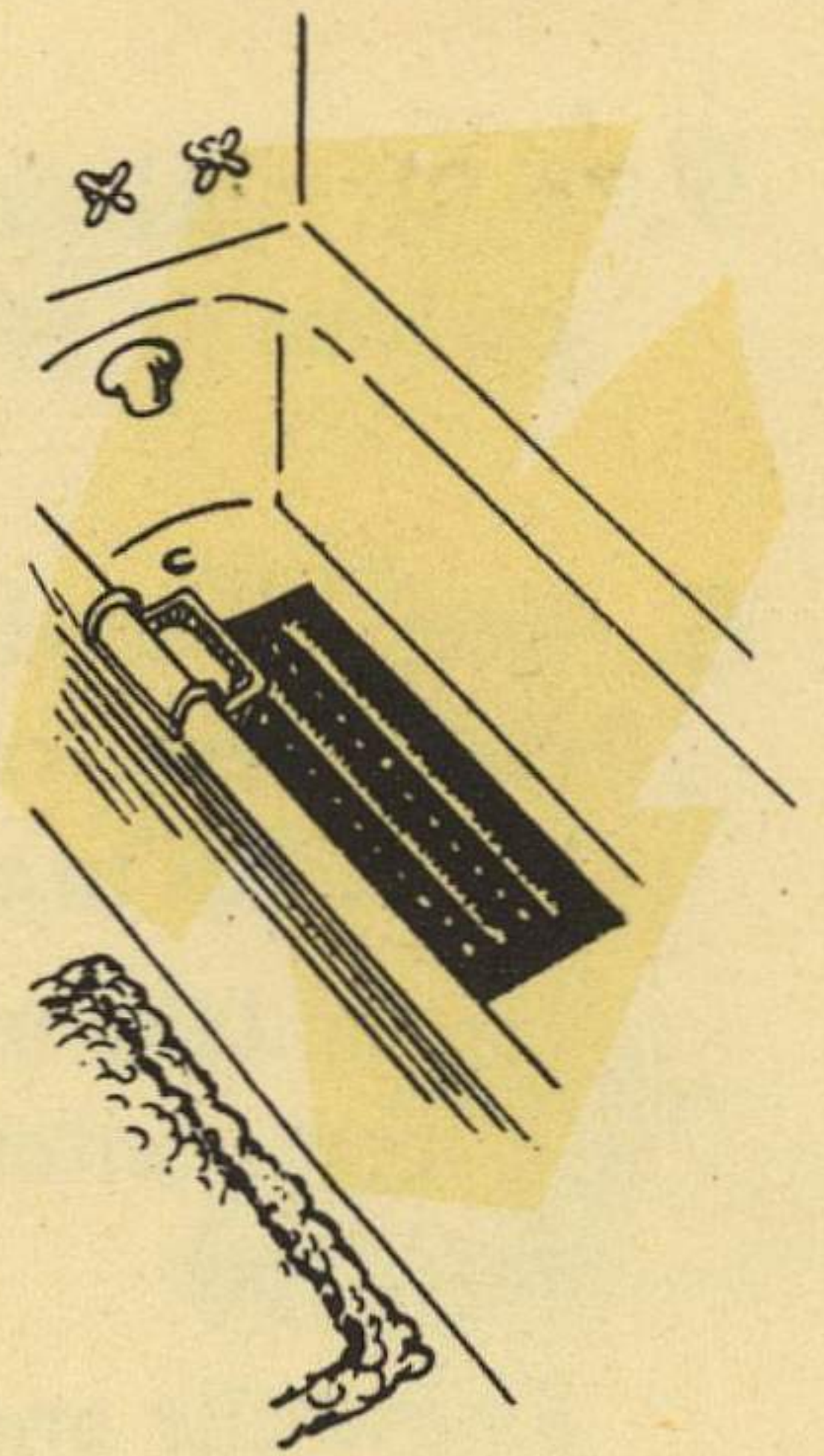
13. Keep tools in good condition and in safe places.

Prevent accumulation of rubbish, piles of old newspapers, oily rags, and other inflammable material.

Always place ashes in metal containers.

Always remove or flatten nails in scrap wood or when breaking up old boxes and barrels.

If the cellar stairways are dark, paint the top and bottom steps white and always use a flashlight.



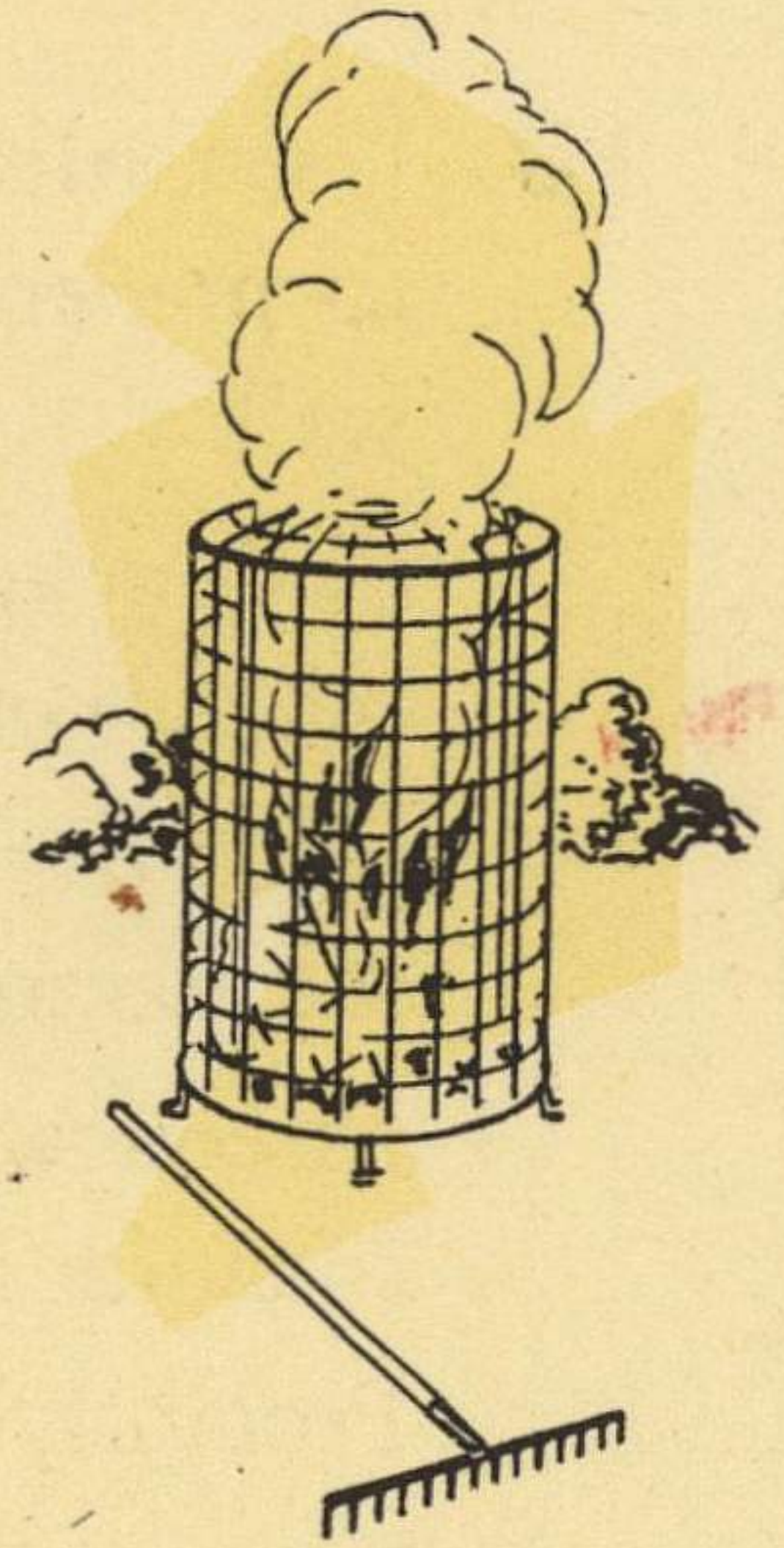
Answers

14. Keep sidewalks, steps, and porches in good repair and free of ice and other slippery substances.

Place sharp tools such as rakes, shears, and axes so that no one can step on the prongs or walk into the cutting edge.

If rubbish burning is permitted, use a wire or metal basket with a cover.

When parking the car in a driveway, set the brakes or place a chock under the wheels, turn off the engine, and remove the ignition key.



PROVIDE FOR EMERGENCIES

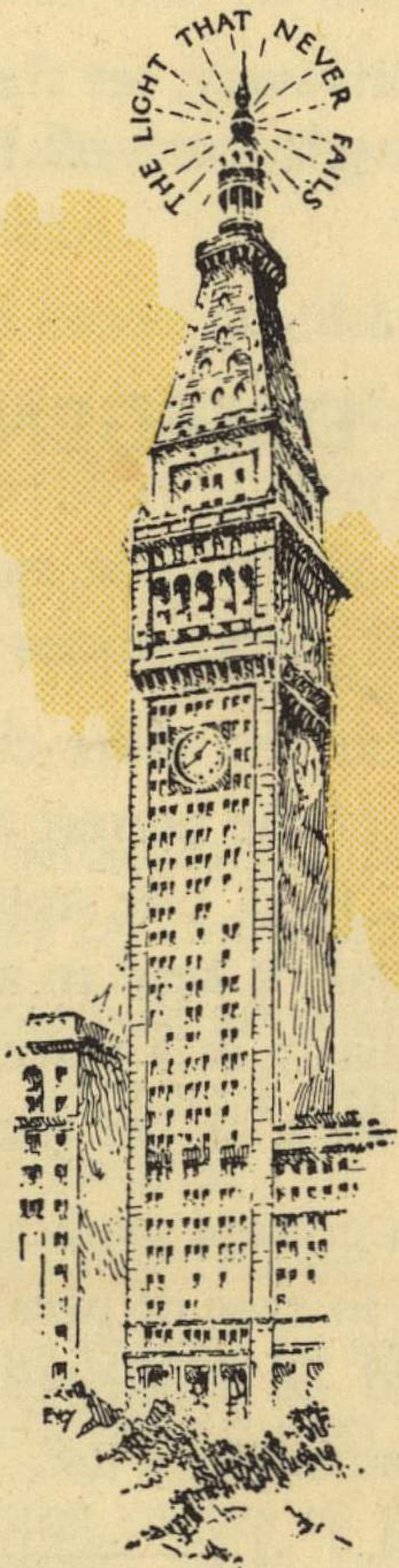
PROVISION should be made for dealing promptly with emergencies in the home.

Every adult and older child should know the location of the nearest fire-alarm box. In addition, at least one approved fire extinguisher should be kept in a convenient location, particularly in a place where there is a fire hazard, such as the garage or basement.

Although prompt medical attention should be obtained in case of personal injury, every home should be equipped with a first-aid cabinet for emergency use.

Adults and older children, except those living in apartments or hotels, should know where and how to turn off the main supply of water, gas, and electricity in case of emergency.

HAVE ALL INJURIES,
EVEN MINOR CUTS AND SCRATCHES,
TREATED PROMPTLY



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(d) 518 L.W.

FIRST AID

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FIRST AID

1. What is meant by the Pasteur treatment? In what per cent of cases is the use of it effective?
2. Name the best known poisonous snake groups in the United States.
3. Discuss the prevention of snake bites.
4. What are the symptoms of snake-bites? When may the greatest severity of symptoms be expected to occur?
5. Discuss fully the treatment for snake-bite as outlined in your text.
6. Is there a serum on the market for the treatment of bites other than those of the coral snake? Name it.
7. What do we mean by the skin irritation, "sea nettles"? What is the treatment?
8. What treatment is suggested in your text for the treatment of poison ivy?
9. In the "black widow" spider family, which gender of the species is relatively harmless?
10. What are the symptoms of and treatment for "black widow" spider bite?

A Hazard

Jan 26

One of the greatest hazards on the campus of the University of Kansas, if not the greatest, is the west and north steps of Fraser Hall in winter when they are covered with ice and snow. I use these steps as my example because they are sort of rounded out from years of wearing. When one comes out of the building, the bottom of one's shoes are warm and these steps not being level offer a great hazard.

This could easily be remedied by sprinkling salt or sand on these steps on the few days during the winter when they are covered with ice.

~~Zeise's Oxyde + Carbon nit. mixture for gold~~

Carl Michaelis

Outstanding Contributions toward Protection of Accidents on the Hill.

There are probably many definitions for an accident but according to Webster, an accident is an event that takes place without one's foresight or expectation: an undesigned, sudden, and unexpected event.

One often asks how many of our accidents could be prevented. It seems to me many of these accidents could be eliminated by further use of carefulness on the part of the student body and more cooperation from the administration. Many accidents on this campus result from our poor parking system. If some possible means could be found to give easier and quicker access to the several parking lots on the campus, it would doubtless relieve many of the traffic problems. In icy or bad weather the roads are neglected to such a degree that many people are injured. This situation could be easily counteracted by sprinkling more cinders on the sidewalks and streets. Also in bad weather mats in front of the buildings would be of great use; for many people have injured themselves by slipping on tile floor with wet or muddy feet.

If it would be possible to make even one of these improvements it would be a great benefit to the University.

Jane Miller
Outstanding Contributions toward
Protection of Accidents on the Hill

January 28, 1942

First Aid

An "ounce of prevention is worth a pound of cure." It is better to safeguard against icy pavements than to necessitate treatment for broken arms and legs afterwards.

There are several problems on this campus which don't seem important, but which in reality are. One of them is the poor sewage system that occurs on our streets. After a heavy rain large amounts of water collect in the gutters and in the streets. We all know that wet feet is a direct cause of colds and flu. Now, if we could improve the efficiency of the drainage facilities which would enable all of this germ-bearing water to be removed from the streets, I believe we would find that our health program could improve a large per cent.

Barbara Winn
First Aid

Storm Door Hazard

Every year the University puts storm doors on the entrances of the building on the campus. This is a good objective if the job was done right, but these storm doors are a injury hazard of the first class.

The first thing wrong with the storm door is the too strong springs and closers on the door. The small student has to push with all his mighty energy to open the door and when he finally gets it open and lets it go - its swing motion backward has such a tremendous force that the student following student gets the "blessing of the day" knocked out of him by the door.

The next hazard of the storm door - is that ~~when~~ when they ^{door} are put up, they are built with the edge even with the first step. A student coming out of this door does not expect this sudden drop, consequently he finds his books lying beside him on the bottom step as he has pulled a ligament - straining himself in to an odd position to keep himself from ending on the bottom step.

This could be corrected by the workmen moving the door away from the step and lighter springs on the door to make them easier to open.

I believe that the most important hazards at K.V. is the traffic problem and the fact that the snow on the walks and steps provide another dangerous hazards.

Proper parking facilities makes it almost impossible to keep automobiles from parking on the main street through the campus. The students step out from behind the cars and are in danger of being struck by an oncoming car. If the cars can't be moved, then the students should be educated to stay in the safety zones or cross the streets at corners.

It is no doubt a fact that many students are injured because of slick ice on the sidewalk, streets, and on steps to the buildings. Something should be done to prevent these accidents.

Sweep the snow off; sprinkle sand or dirt on the snow; anything to destroy that hazard that confronts the student on cold icy days.

Almond Difer
First Aid TT
Dr. Allen

Preventing Accidents

There are many methods of preventing accidents. The best one known is that of educating the public. This, however, is not always the complete solution because the location, building or such offers their own respective problems. One such case is that of the campus of the University of Kansas. The walks, steps and entrances are when covered with ice or snow very dangerous. A student can very easily slip and hurt himself. The only way to solve such a thing as the walks and entrances is to remodel them. Even then the ice and snow would still bother. They could be scraped but this is not a complete job. If after being scraped the remaining ice or snow should be melted off. The steps would be safe for the public.

Lewis Musick

The Swimming Pool Improvement

There are many things which could be improved on this campus for the preventing of accidents, but there is one especially ⁱⁿ referring to and ^{that} is the swimming pool in Robinson gymnasium.

I think K. U. could afford much safer and better swimming facilities than they now have. The swimming pool we now use is very dangerous for any student who ~~do~~ not know how to swim. Most pools have a shallow end three or four feet deep where swimmers can touch bottom and rest themselves. Our pool now is made so it is over everybody's head from one end of the pool to the other. This is a very dangerous situation for any swimming teacher who has a crowded class.

As yet very few accidents have occurred, but for making swimming safer the next pool K. U. builds should have this improvement made. There should be first aid and life saving equipment available at all times which we don't have at the present time, for the prevention of accidents.

First Aid

January 28, 1943

10:30 Class

Perhaps the greatest hazard to University students is presented by the speeding cars on the main street of the campus. It is not only dangerous to the students, but also to the sailors marching to and from classes and already several accidents have occurred. The crossing from Green to Fraser is especially bad. I don't think that trying to maintain a certain speed limit will do much good because it is rather hard for our traffic officers to enforce it. The only solution, as I see it, would be to prohibit driving on the campus during class hours.

When the streets are under ice, some method of putting cinders or sand on them should be developed to prevent skidding. Sand should also be put at crossings, on sidewalks, and particularly on the steps of the buildings where it is very easy to slip and fall.

Wright, Mary Elise
First aid.

Prevention of Accidents

Jan. 28, 1943

Paul Turner

I know of several ways by which accidents could be prevented on the University of Kansas campus. Skating on Potters Lake could be either safe or unsafe, and a caretaker of the lake could post signs accordingly. During heavy snows and or sleet storms, steep inclines approaching Mount Oread, the approaching intersections, the sidewalks, and the steps approaching buildings should be sprinkled with sand or some similar material. Since Mount Oread is too a military area and the sailors are frequently marching to and from classes in the street the speed limit should be reduced to fifteen miles per hour. During fall entertainments, like Popper basketball games, the parking situation could be provided for by parking lots at either end of the campus and thus stop the darting out from behind parked cars between ~~into~~ crossing intersections. These are just a few major ways by which accidents could be reduced on our campus.

#

Paul Turner
First Aid
Feb. 2, 1943

#

Life Insurance

On Mount Oread there are many hazards which confront the people who attend or visit the University. Let's do away with these hazards and in so doing insure our lives with more safety on Mount Oread.

First I think we should make a list of these hazardous obstacles. Then draw up a plan of disposing of these hazards and then go to work getting rid of them.

Hazards that I recognize as such on Mount Oread are as follows: icy streets, walks, and approaches to buildings, these should be cleared or covered with cinders or salt. Speed limits are not enforced and should be. Place stop signs at intersections and stop this foolish riding on the outside of cars.

Put signs up for crossing streets only where yellow lanes are. Do away with the parking of cars on Oread Avenue but instead, in parking lots. Potters Pond is a hazard to swimmers and skaters; put up notices as to its unsafety. Buildings without adequately marked exits are definitely hazards in case of fire. Some courses such as Chemistry and some courses involving use of dangerous equipment are hazards unless special emphasis by the instructors ~~is~~ made as to the danger. Although our health service is far from a hazard, I believe it could be improved and prevent much illness that comes about. Perhaps we could have examinations for upper classmen every year or two. Examinations which include the Hasserman test or other blood test,

First Aid

La. Dean W. S. Cormick

Jan. 28, 1942

What to do to prevent
accidents on the Campus?

Answer: Do away with
the hazards.

FIRST AID

1. The Pasteur treatment: A preventive treatment for rabies. It is almost 100% effective.
2. The poisonous snake group in the United States are Coral snakes and the pit-vipers, which include the rattle snakes, copper-heads, and cotton-mouth moccasins.
3. 75% of snake bites are in the lower extremity. Wear high-topped shoes, boots, or heavy leggings. 22% occur on hands and arms, should be careful about putting hands in places where you might be bitten.
4. Pain is severe, swelling occurs rapidly. Symptoms of shock; weak pulse, nausea and vomiting, extreme weakness soon begin to develop. The greatest severity of the symptoms is not reached for several hours.
5. Have patient lie down and keep quiet. Tie a constricting bandage around the limb just above the bite, make the veins stand out, should be tight enough to prevent blood from flowing back in the veins, but not tight enough to prevent the blood from flowing through the arteries. About every ten minutes, release one minute, then retighten. As swelling progresses, the bandage should be moved higher up the limb. Sterilize a sharp knife or razor blade. Make a cross shaped incision $\frac{1}{2}$ by $\frac{1}{2}$ inch at each fang mark. The cuts must be from $\frac{1}{8}$ to $\frac{1}{4}$ inch deep, deep enough to insure free bleeding. Apply suction for at least $\frac{1}{2}$ hour. Suction may be applied by the mouth, by a glass breast pump, or by a small funnel attached to a rubber. Heating a bottle or small glass in hot water or over a flame or by burnign a small piece of paper in it. Keep the patient quiet and give the usual treatment for shock.
6. Yes. The serum is called Antivenin.
7. It is a severe skin irritation and poisoning caused by coming in contact with the trailing tentacles of the "Portugese Man of War", "large jellyfish", or "Sea nettles."

Treatment-First rub the affected part with clean sand to remove the slime and parts of tentacles, Bathe the infected part with full strength ammonia water followed by a paste of bicarbonate of soda, or a good burn ointment.
8. Treatment for poison ivy-Make a paste by heating soap with a little water until about the consistency of lard. Apply thickly over the part, allow to dry, leave over night. 2. Apply calamine lotion purchased from any drug store. At time of purchase, have the druggist add enough carbolic acid to make a 2% solution. Shake well, apply with cotton sponge and allow to dry.
9. The male is relatively harmless.

10. Sometimes a slight local swelling and redness is seen as well as 2 tiny red spots. Pain, usually in the region of the bite, is felt almost at once. In short time, this pain spreads to the muscles of the back, shoulders, chest, abdomen, and limbs. The abdomen is hard as a board. There is some fever and profuse perspiration. Treatment-Keep patient quiet and warm and call a doctor at once.

11. Poisonous drugs commonly taken. 1. Carbolic acid or phenol. 2. lysol. 3. bichloride of mercury. 4. iodine. 5. arsenic or parisgreen. 6. strychnine. 7. acids. 8. alkilies-lye. 9. medicines used to induce sleep; opium, morphine, veronal, etc. 10. Kerosene. 11. wood alcohol or denatured alcohol.

12. Prevention in case of poisonous drugs. Keep bottles labeled and never take medicine in the dark when you cannot see label on the bottle. Keep all poison drugs away from other medicines and safely locked up. Keep all medicines and poisons out of reach of children.

13. There may be no early symptoms. Pain in the stomach, nausea, and vomiting and cramps, frequently occur. If a corrosive poison has been taken the mouth and tongue may be burned or stained.

14. Dilute 2. Wash out.

15. Emetics of poisoning-1. Soapsuds, use any ordinary soap. 2. Salt water. 3. Soda water (use ordinary baking soda). 4. Luke warm water 5. Dish water. Milk (particularly in corrosive poisons).

16. Ptomaine poisoning is caused by poison foods. It is caused by eating food that has not been properly cared for-- food that has decayed. Symptoms--an uncomfortable feeling in the upper abdomen, pain, cramps, nausea, and vomiting. Treatment is the same as for drug poisons.

17. Red. Unconsciousness.

18. If there is any doubt at all, always treat the patient for skull fracture or apoplexy--call a doctor.

19. In examining an unconscious patient always look carefully for stopping of breathing, bleeding, poison or sun stroke.

20. Symptoms of Epileptic Fits--Face becomes pale, the eyes roll up, the patient falls forward, utters a hoarse cry, loses consciousness, bites tongue, and turns blue. The convulsive muscular movements begin with the patient wildly throwing his arms and legs, and jerking his head. Convulsions cease and patient passes into a sleep. Treatment--Place a piece of wood in patients mouth to prevent biting of the tongue. Put something under the head to prevent injury, don't try to prevent the convulsions of the patient.

21. Throwing a cup of cold water in the face or holding spirits of ammonia under the nose.

22. Drowning may be prevented by:

1. Swim when lifeguard is on duty.
2. Do not swim alone.
3. Do not swim during a thunder storm.
4. In attempting to rescue a drowning person always use a boat.

23. A victim of submersion is usually blue and cold. Breathing may or may not have stopped. The pulse is weak or may not be found at all.

24. Get this out of books

25. A very sharp slap between the shoulder blades will often dislodge the object. Or open the mouth, pass 2 fingers over the tongue to the back of the throat and try to pull out the foreign body.

26. Carbon monoxide causes most of the trouble.

27. It is a colorless, odorless gas, slightly lighter than air. It is found in automobile exhaust gas, manufactured gas used for illuminating and heating, coke oven gas, blast furnace gas, and other manufactured gases.

28. Symptoms are usually yawning, headache, dizziness, nausea, weariness, ringing in the ears, and later a fluttering or throbbing of the heart. The skin often is a peculiar cherry red color or it may be blue of other asphyxiation cases. Treatment--get patient into fresh air quickly. Start artificial respiration immediately. Try and get some pure oxygen for the patient.

29 Four kinds of wounds:

1. Abrasions--Wounds made by rubbing or scrapping off the skin or mucous membrane.
2. Incised wounds--These are made by sharp cutting instruments.
3. Lacerated or torn wounds--These are made by blunt instruments.
4. Punctured Wounds--These may be caused by any penetrating instrument.

30. Wounds are subject to 2 dangers; infection and severe bleeding.

31. Definition of infection--Whenever the skin is broken, germs enter the wound. Often these germs grow not only in the wound, but also in the body tissue around the wound. Heat, pain, swelling, redness, and formation of pus result.

32. 1. Number of germs in wound. 2. Vitality or ability of germs to grow. 3. The body own resistance.

33. 1. Do not touch the wound.
2. Do not wash with soap and water.
3. Apply Iodine.
4. Do not disturb blood clots.

34. 1. Think first of pressure.
2. Do not put fingers on wound.
3. Apply pressure.

35. A tourniquet should be flat band at least 1 inch in width; never a rope, wire, or sash-cord. If blood cannot be checked without a tourniquet it should not be used, because it cuts off the circulation and the part is liable to die and gangrene will set in.

36. Place a pad over the artery, the pad should be firm. Be sure the pad is over artery and tighten.

37. Stimulates the heart and this will speed up the circulation.

38. Shock is a condition in which all the activities of the body are greatly depressed. Symptoms are: pale face, weak and rapid pulse, great lowering of the blood pressure, irregular gasping, breathing, listlessness, dulling of sensibility and subnormal temperature.
39. 1. Results from injury.
2. Fear will cause it.
3. Bleeding and cold exposure.
4. Taking of poisons.
5. following surgical operations.
40. 1. Heat--keep the body warm.
2. Position--Lay patient on back with head down.
3. Stimulants--slight dose may bring them out of it.
give
41. 1. Do not (stimulant in severe bleeding.
2. Do not give stimulant if skull is fractured or in case of strong pulse and red face.
42. Symptoms of electric shock--patient isn't breathing, is usually blue, although he may be white, pulse is weak or absent, complete unconsciousness, and burns may be present.
43. Turn off switch if it is possible. 2. Use something dry and non-conducting.
44. Start artificial respiration immediately.
45. To prevent accidents.
To equip the individual with sufficient knowledge to determine the nature and extent of an injury.
To train the first aider to do the proper thing at the proper time.
46. Definition:-First Aid is the immediate, temporary treatment given in case of accident or sudden illness before the services of a physician can be secured.
47. To prevent accidents.
To equip the individual with sufficient knowledge to determine the nature and extent of an injury.
To train the first aider to do the proper thing at the proper time.
48. The need for First Aid is great because it would help to stop such accidents as automobile, home and industrial accidents that are caused from carelessness.
49. Place two men down the highway to prevent other accidents.
Send for ambulance.
See who was dead and who lived.
Determine how bad persons were injured.
Apply First Aid in every possible way after making persons comfortable.
50. Anatomy and physiology.

51. They give shape and support to the body.
They form cavities which hold vital organs and protect them from injury.
They afford attachment for muscles.
They act as levers and make movement possible.
52. Cranium.
Skeleton of the face.
53. Spinal column.
Breast-bone.
Ribs.
Pelvis.
54. Liver.
Stomach.
Kidneys.
Urinary bladder.
Small intestines.
Large.
55. Collar bone.
Shoulder blade.
Arm bone.
Bones of the forearm.
Bones of the palm.
Bones of the fingers.
Wrist bones.
56. Thigh-bone.
Knee-cap.
Bones of the leg.
Bones of the foot.
57. Beneath the skin and between the muscles there is yellow or white the bones together.
58. The blood is a red, sticky fluid that circulates through the arteries, capillaries and veins. It has a peculiar, faint odor and a salty taste, and varies in color from bright scarlet to a bluish red.
59. The fluid part or plasma, also called serum.
The red cells or corpuscles.
The white cell or corpuscles.
60. The average person weighing 150 lbs. should have 5 to 6 qts.
61. The loss of 2 pints may be serious; loss of three pints may be fatal.
62. The heart is a hollow, muscular organ that acts like a pump; this pump has two sides or "cylinders. The heart lies between the lungs, behind the breast bone, and more to the left side than to the right.
63. The heart beats at an average rate of 72 beats per minute.
64. Arteries are vessels that carry blood away from the heart.
65. Only those from which serious bleeding is likely to occur.

66. Aorta

67. For the artery to the head and neck.

1. In the neck just to the side of the windpipe against the backbone.

2. Just in front of the ear, against the skull.

3. About an inch forward from the angle of the jaw, where a large branch crosses the jaw bone.

B. For the artery to the shoulder and arm.

1. Behind the inner end of the collar bone against the 1st. rib.

2. On the inside of upper arm, $\frac{1}{2}$ way between the shoulders and elbow.

C. For the artery to the lower limbs.

1. In the groin as it passes over the pelvis bone.

68. Capillaries.

70. Bleeding from capillaries is oozing and usually offers no serious problem in its control.

71. Veins which carry the blood back to the heart.

72. The veins are cut more frequently.

73. Blood from artery comes in spurts, and from a vein in a steady flow.

74. Veinous bleeding can usually be controlled by direct pressure, always first covering wound with compress.

75. 1. Nose
2. Mouth
3. Throat
4. Windpipe
5. Bronchial tubes.
6. Lungs.

76. 1. Restlessness
2. Anxiety
3. Thirst

These symptoms may accompany these; pallor, weak rapid pulse, and weakness.

77. 1. Punctured wounds usually don't bleed freely, so the cleansing given by bleeding is not present.

2. They are difficult to clean out.

3. It is quite difficult to apply antiseptic well down in wound.

4. Air cannot get to the wound.

78. In a simple fracture the bone is broken, but there is no connecting wound from the break in the bone to the skin. In a compound fracture the bone is broken in the addition there is a wound from the break to the surface of the skin.

79. 1. Patient frequently hears it snap.
2. Pain and tenderness are present.
3. May be deformed.
4. Swelling and discoloration occurs.

1. Same as above.
2. End of the bone is often protruding.
3. Frequently severe bleeding.

80. A. 1. To prevent further damage.
2. To make the patient comfortable.
3. To treat any shock that may be present.
B. 1. Check arterial bleeding.
2. Apply a tourniquet.

81. No, most First Aiders do not have enough experience to distinguish between the two.

82. Symptoms

1. Unconsciousness
2. Bump or cut on head
3. Pupils of the eyes may be unequal in size
4. Bleeding of ears
5. Face flushed

Treatment

83. 1. Keep patient lying down--the head slightly raised if it is red or flushed--but level if face is pale.
2. Avoid all unnecessary handling
3. do not give stimulant
4. Keep patient warm.
5. Treat all scalp wounds.

83. Symptoms.

1. pain, swelling, bleeding

Treatment

1. Do not attempt to splint.
2. If wound present treat wound.

84. Symptoms

1. pain in movement of jaw
2. Loose teeth
3. Difficulty in eating, drinking and swallowing
4. Bleeding of gums.
5. Mouth open with drooling saliva

Treatment

1. Place palm of hand below the jaw and gently raise it. Bring the lower teeth against the uppers.
2. Place bandage under the chin and over head.

85. Symptoms

1. General symptoms of fracture are present.
2. Fractured ends may be felt through the skin by fingers.
3. Person unable to raise arm above shoulder.
4. If arm is hanging one shoulder is lower than the other.

Treatment.

1. Put arm in sling.
2. Tie arm to side.

86. Symptoms

1. Severe pain
2. Breathing or coughing heavily
3. Person may hold chest with hands to keep part hurt from moving.

Treatment

1. Apply two or three broad cravats around the body.
2. Keep patient lying quietly.

87. 1. Brain
2. Spinal cord

88. Brain and spinal cord.

89. Sensations and movement.

90. Breaking might cut the spinal cord in two or bruise it so that nerve impulses could not be carried by it.

91. Because of the pain that is present. Because of the fact that the nervous system is needed to through off injuries.

92. That material is applied directly over a wound or burn.

93. Gauge square.

94. 1. Sticks like cotton.
2. Make small or large bandages out of same piece of material

95. 1. Iodine
2. Salve
3. Acids
4. Epsom salts
5. Alcohol

96. 1. To hold dressing or compresses in place.
2. To keep splints in place.
3. To control bleeding by pressure.
4. As sling

97. Triangular
2. Roller or pleated gauge and four-tail.

98. Carries germs from soap and water to the wound.

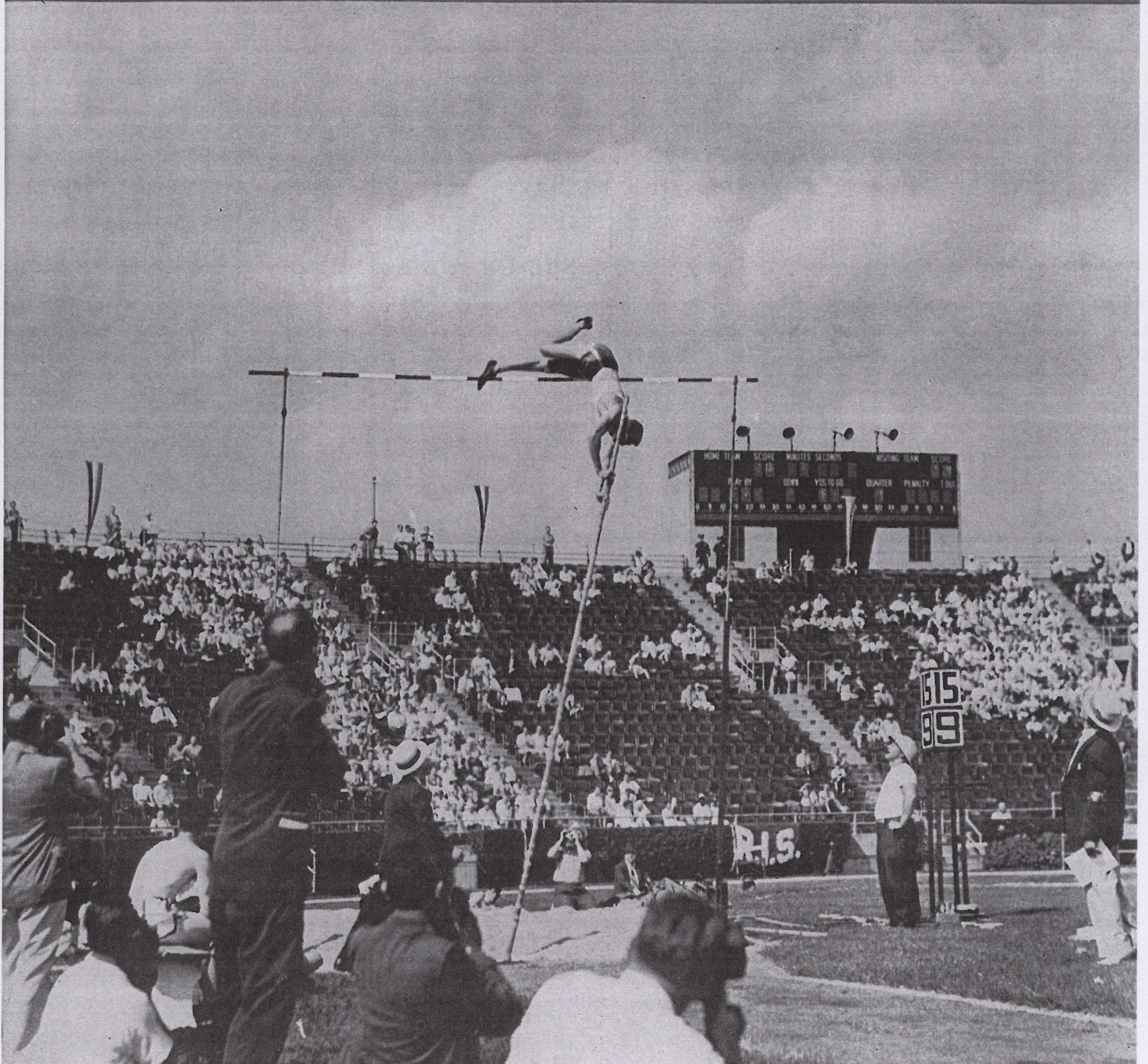
99. Because he is giving treatment not first aid.

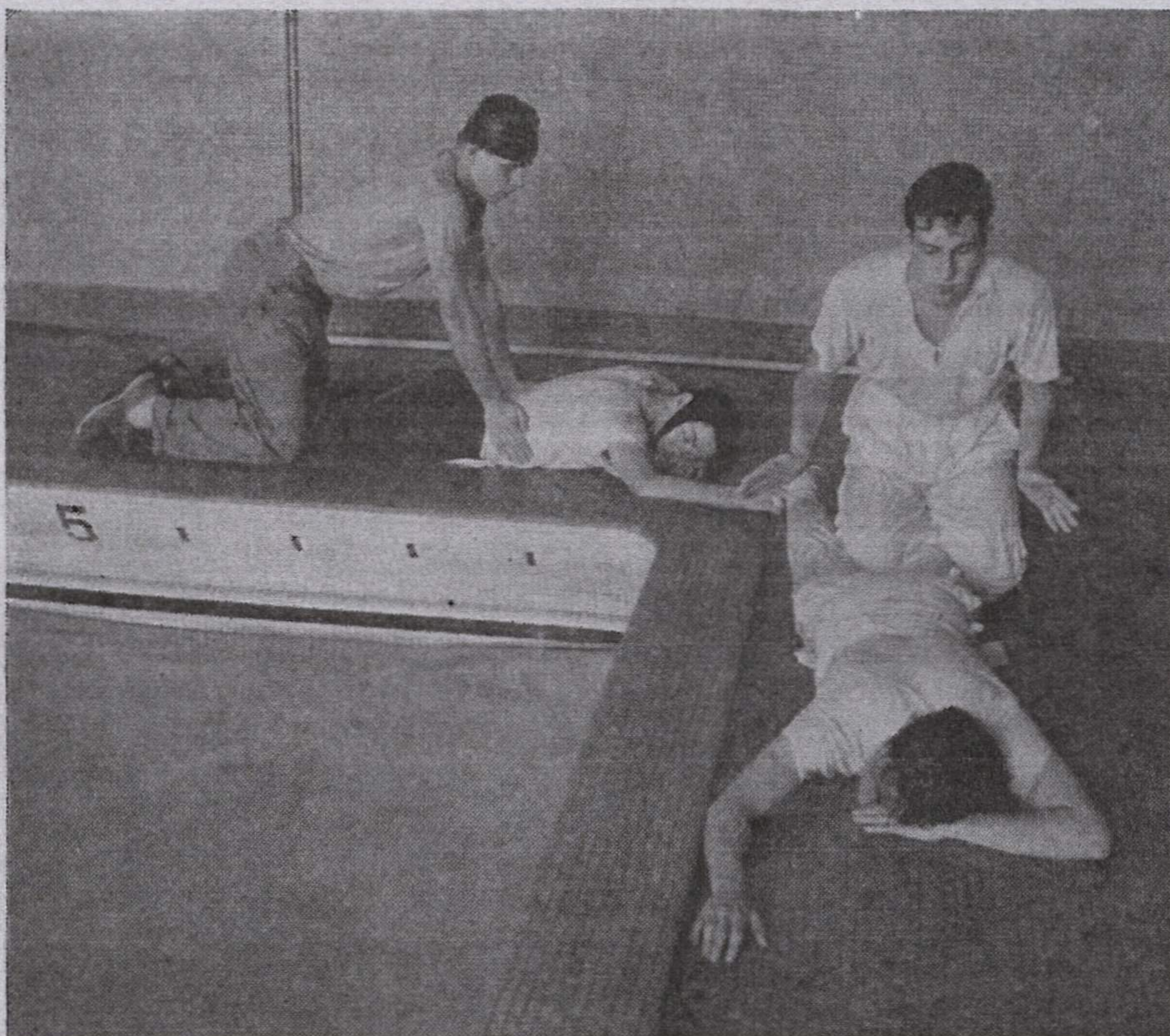
100. Think first of pressure. One should not put fingers in wounds, but when other methods fail or compress is not available in case of severe bleeding do not hesitate to apply pressure directly on bleeding point.

SCHOLASTIC COACH

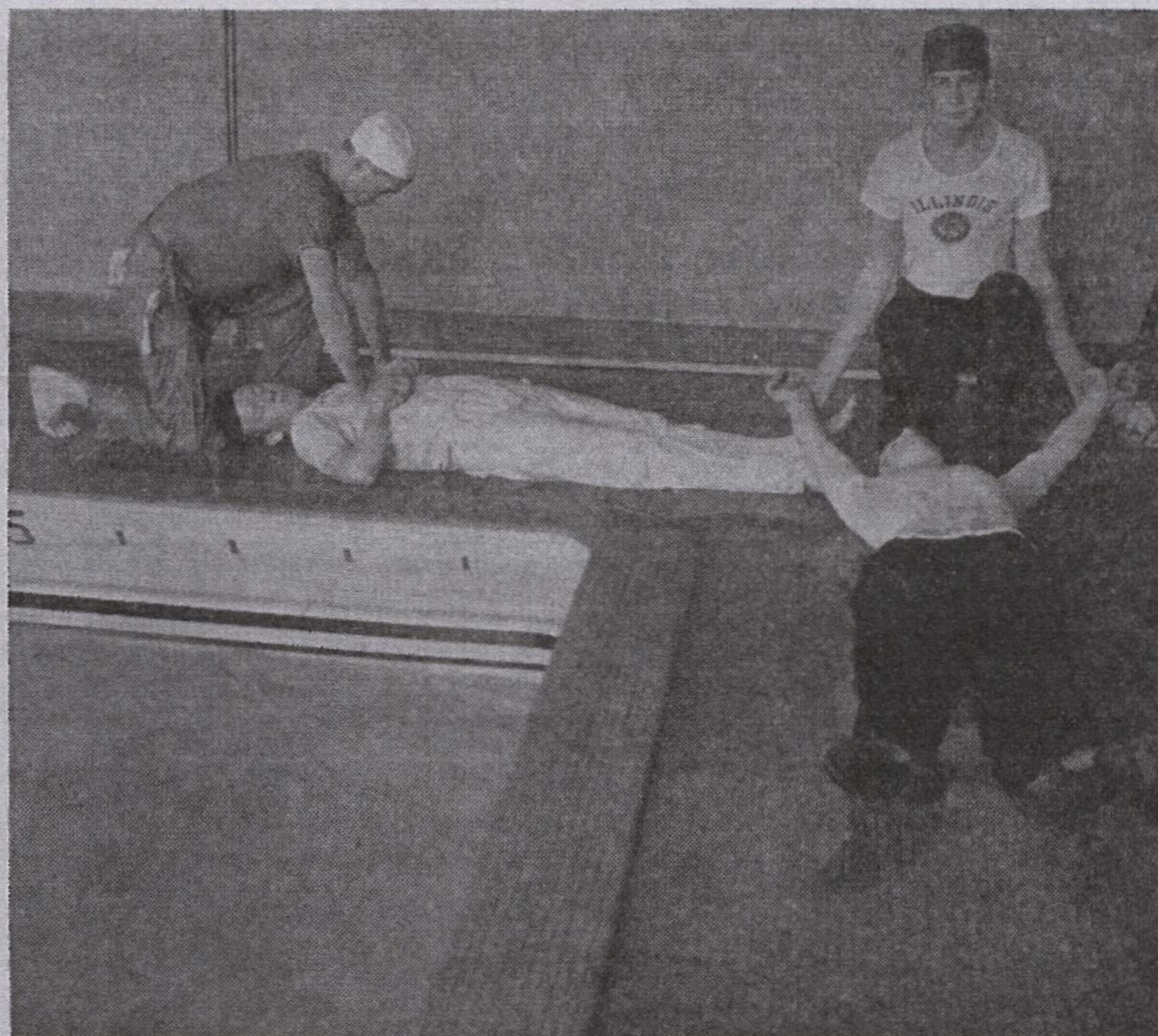
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The Schafer Prone Pressure Method of Resuscitation.



The Silvester Method of Resuscitation (victim supine).

RESUSCITATION AND FIRST AID

By Dr. Thomas Kirk Cureton

This article is condensed from the chapter on Resuscitation and Water First Aid in Dr. Thomas Kirk Cureton's new book, "Warfare Aquatics," and is reprinted with permission of the Stipes Publishing Co. A review of the book may be found on page 30.

AT THIS time there are four methods of resuscitation in common use:

1. The Silvester method which is widely used by the United States Coast Guard operators and is in use by doctors and first aid workers when it is desirable to put the patient on the back.

2. The Schafer method which is preferred by the American Red Cross in its first aid work.

3. The Nielsen method which has increased greatly in popularity.*

4. Mechanical resuscitation with the E & J or McKesson equipment.

Modern workers in resuscitation should be trained in all of these methods because they will all be found in use and each one of them has advantages under certain conditions.

Nielsen Method

This method was devised by Colonel Nielsen in charge of the Danish Life Saving work where it is generally considered superior to the Schafer method. The physiological evidence has been interpreted by Colonel Nielsen and others in favor

*Lt. Col. Holger Nielsen and the Danish Resuscitation Commission; Dr. H. Bendtsen (Chairman), Dr. Svend Hansen, Dr. Paul Guildal, C. Holstein-Rathlou, Prof. August Krogh, Dr. J. Lindhard, C. B. Pederson, Dr. F. Svendsen.

of this method because it more nearly corresponds to natural deep breathing and offers greater stimulation to circulation. It also decreases the potential danger of causing internal injuries by great pressure on the abdominal organs. It affords an easier position from which to operate than the Schafer method. It also leaves the greater part of the body free to be worked upon with massage. The operational instructions are as follows:

1. The side of the face is placed on the back of one or both hands which are bent at the elbows and crossed under the face. The body is freed as quickly as possible of tight garments and the nose and mouth are checked to see that they are perfectly free to breath. A slap on the back is given to help open the mouth and make the tongue fall forward.

2. The operator kneels on one knee at the head of the victim and presses downward on the shoulder blades with the palms of the hands and with fingers widely separated. Pressure is exerted evenly and smoothly in the downward direction for about 2½ seconds.

3. The operator relaxes the pressure and seizes the upper arms just above the elbows and lifts them vigorously upward for 4 or 5 inches to assist the expiration of the chest and the inspiration of the air. This is a unique feature of the Nielsen method. The arms are lowered and the cycle is repeated at a rate of approximately 2½ to 3 seconds relaxation and stretching on the chest.

4. During the application of the movements supplemental treatment is applied in the way of hot pads or stones, vigorous rubbing of parts of the body toward the heart, slapping the bottoms of the feet and other methods of reflex stimulation.

5. A change of operators is made whenever needed without interfering with the respiratory movements.

Silvester Method

A brief description of the Silvester method of resuscitation is given as follows:

1. The subject is placed upon the back and the mouth is cleaned and the tongue pulled forward.

2. The operator works from the head end and places his hands over those of the subject. The subject's arms are raised sideward and upward to an overhead position for 2 seconds. This movement assists the inspiration.

3. The hands are placed back on the chest over the lower ribs and pressure is exerted downward for about 3 seconds until as much air has been forced out of the chest as possible.

4. The movements are continued at a rate of about 12 to 15 per minute.

5. Supplemental treatment is applied by an assistant. It may be necessary to tie the tongue forward or to hold it. It can easily be determined from this position whether the subject is breathing or not. If the cheek is lowered to a position direct-

ly over the nose and mouth, any expired air can be easily detected. Massage, heat and stimulation of reflexes should be applied. If an assistant operator is available he should call the doctor and apply supplemental treatment.

Schafer method

A brief description of the Schafer method of resuscitation is given as follows:

1. The subject is placed in the prone position with the head turned to one side and placed over the back of the hand or over a handkerchief or other garments. The mouth should be cleaned and the tongue pulled forward.

2. The operator kneels astride one or both legs so that his knees are about even with the subject's knees. The hands are placed on the body about 4 inches apart with the fingers together and following the line of conformation of the lower ribs.

3. The pressure is forward and downward with straight arms for about 3 seconds, followed by a quick removal of the hands and relaxation on the part of the operator for 2 seconds. This alternation of pressure and relaxation is continued at 12 respirations per minute.

4. Supplemental treatment should be applied by an assistant operator, who telephones the doctor, secures warm clothing and a blanket, cuts off the wet clothing, assists with massage and stands by to change position with the operator performing the resuscitation.

Mechanical methods

Doctor C. K. Drinker and Doctor Lewis A. Shaw of Harvard University constructed a heavy resuscitator (1929) about six feet in length and two and one-half feet in width and a depth which accommodates the body with the exception of the head, which is exposed and insulated from within by a collar. It was considered the first satisfactory appliance for administering artificial respiration over long periods.

A regular rhythmic respiration is produced at about 15 to 25 breaths per minute by air pressure which is alternately fed in and forced out in imitation of the act of breathing. The incoming air current bears down on the chest and abdomen of the patient and causes him to exhale, and the diminished pressure causes his lungs to inflate. Mechanical resuscitators of a much improved form for portable use have been introduced by the E & J Manufacturing Company and the McKesson Appliance Company. These are widely used in

American hospitals and are absolutely approved.

An excellent technical report has been prepared by Dr. Coryllos* who maintains that the apparatus is easily effective in the hands of non-medical rescue squads. These new combination inhalators and resuscitators have been subjected to exacting experimental investigation with favorable results. It is maintained that in the presence of apnea and beginning relaxation of the muscular system that only the mechanical methods of forcible insufflation of oxygen into the lungs can produce successful resuscitation. The modern methods permit forceful mechanical insufflation-suction until respiratory movements begin. Then the device is changed by a valve to a steady stream as an inhalator.

Supplemental treatment

Steinhaus has pointed out that the circulatory system has a great deal to do with the chances of recovery. When the heart is beating feebly the pressure in the capillaries is less than 10 per cent of the original pressure imparted to the blood by the heart (5 to 10 m.m. Hg.). It is highly important to do anything possible to aid the return flow of blood to the heart. The two principal methods are (1) the contracting and relaxing of skeletal muscles and the (2) forceful respiratory movements.

Steinhaus recommends exercising

*P. N. Coryllos, "Mechanical Resuscitation in Advanced Forms of Asphyxia," *Surgery, Gynecology & Obstetrics*, 66: 698-722 (April, 1938).

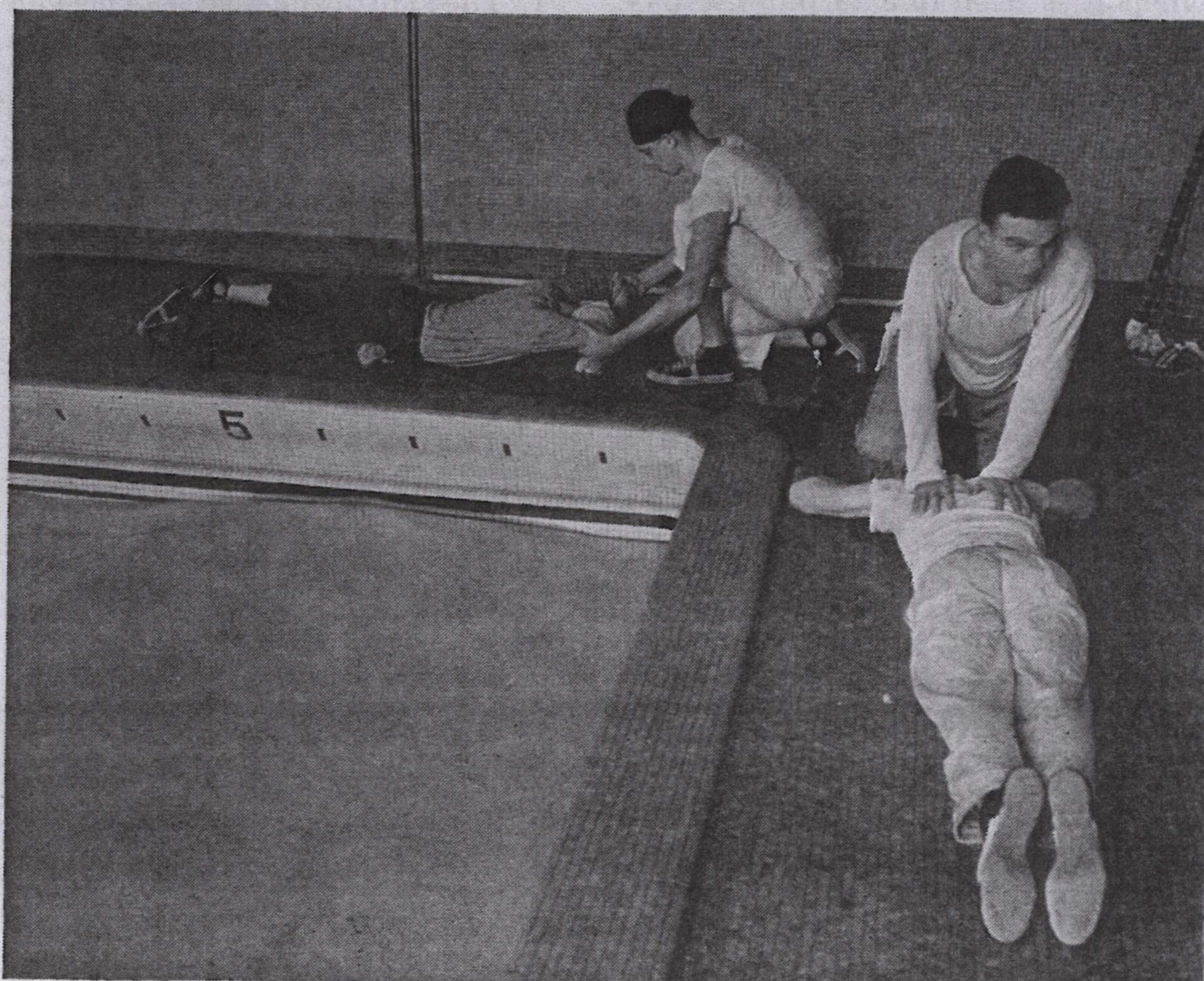
the arms and the legs and exerting pressure on the abdomen during the inspiratory phase of respiration. The arm exercise involved in the Silvester method is possibly helpful and in addition, the legs may be exercised by pushing the knees up toward the chest a number of times while holding the feet. This circulatory viewpoint of resuscitation indicates that it is highly important to have the subject placed so that the head is downhill and gravity assists the return flow of blood to the heart.

Another point is that pressure should be gradually applied to minimize the effect of increasing the intra-thoracic pressure and checking the return flow of blood to the heart. With the patient on the back the legs may be lifted or exercised as suggested. This is the strong reason for methods which use the supine position.

Circulation may be assisted by massage toward the heart. The rubbing should be over the big veins by stroking movements continuously applied in the direction of the heart. A strong slap should be given on the back before starting pressure in the prone position. It may also be helpful to slap the bottoms of the feet and the face, pull the hair and apply rectal dilation. Colonel Nielsen emphasizes that it is better to rough up the body and it should never be allowed to lie quietly.

Vibratory tapping (100 times per minute) over the heart area may provide stimulation to the heart. Re-

(Continued on page 24)



Nielsen Resuscitation Method, arms bent at elbows, hands crossed under face.