

HEALTH AND FIRST AID

4-H CLUB CIRCULAR 15

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COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS

UNIVERSITY OF MISSOURI COLLEGE OF AGRICULTURE AND THE UNITED
STATES DEPARTMENT OF AGRICULTURE COOPERATING

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“Practice Makes Perfect”

“My body is the Temple of my soul. Therefore:
I will keep my body clean within and without;
I will breathe pure air and I will live in the sunlight;
I will do no act that might endanger the health of others;
I will try to learn and practice the rules of healthy living;
I will work and rest and play at the right time in the right way;
So that my mind will be strong and my body healthy;
And so that I will lead a useful life and be an honor to my parents and to my country.”

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Health and First Aid Clubs*

Object.—The object of the health and first aid clubs is to promote health by emphasizing the daily practice of health habits by each member, by teaching the necessary precautions for avoiding accidents and injuries, and emergency care of these when they occur; and through the club group to develop an interest in community health problems.

REQUIREMENTS

Work Required.—Each club member is required to learn the health rules, to practice the health habits, and to take training in the necessary precautions to avoid accidents and injuries and to care for the common emergencies as follows:

- (1) To learn how to make and use bandages: a. When the skin is not broken, as in bruises, sprains, dislocations, fractures, etc. b. When the skin is pierced or broken. How to care for wounds, how to stop bleeding, etc.
- (2) To learn how to care for common emergencies as fainting; nose bleed; nausea; vomiting; burns; chills; sun-stroke; drowning.
- (3) To provide a few bandages and provide or maintain a properly equipped medicine chest to have on hand in the home.

Records Required.—Each member is required to keep records of the practice of health habits in a record blank provided by the Extension Service of the Missouri College of Agriculture.

Expense.—The expense of a club member is small, as each is required to furnish only those supplies which are not already in the home, such as gauze bandage, cotton, adhesive plaster, etc.

Time required.—Time is required for practice of health habits, bandaging, preparation of a medicine chest, and to attend regular club meetings.

Organization.—These clubs should be organized in March, April, or May for summer club work, and in September, October, or November for winter club work.

*Revised from the circular originally prepared by Miss Mary E. Stebbins, formerly Extension Specialist in Health, in collaboration with Miss Sara H. Chiles, formerly Assistant State Club Agent.

SUGGESTED PROGRAMS FOR MEETINGS

There shall be five or more members in the Health and First Aid Club who are 10 to 21 years of age and who are meeting regularly, with their own officers in charge, under the direction of a local club leader.

Standard clubs are required to hold at least six regular meetings during the club year. These meetings may be held as often as the local club leader and the members desire. It, however, is recommended that at least one meeting be held each month.

It may be necessary to devote more than one meeting to some of the suggested subjects.

1. Organization of the Club.—(Club Secretary's Record Book).

1. The business meeting.—The local club leader in charge.
 - (1) Explanation of the duties of the club officers and members.
 - (2) The election of club officers from the membership of the club: President, Vice-President, Secretary, Song Leader, and Reporter.
 - (3) Selection of a name for the club.
 - (4) Selection of time and place for regular club meetings.
 - (5) Setting of club goals.
 - (6) Appointment of a committee to work up or select an appropriate song or yell for the club.
 - (7) Assignment of the 4-H club pledge to be learned by all members before the next meeting.
 - (8) Adjournment of the business meeting for instruction in club work.
2. Instructions.—The local club leader in charge.
 - (1) Distribution of club literature and explanation of its use.
 - (2) Explanation of standard 4-H club requirements and project requirements.
 - (3) Discussion of the main club events for the year.
 - (4) Specific statement of what each member must do to start the home project work. Weighing and measuring of club members.
 - (5) Assignment of work for the next meeting, including the bringing of record blanks to the meeting, and the report of the health examination made by physician. Assignment for roll call. Give your correct weight and state the percentage over or under weight.
3. Social hour.

II. Club Meeting.—Triangular Bandages

1. The business meeting.—The club president in charge. Reference: Duties of club officers in the Club Secretary's Record Book.
 - (1) Meeting called to order by the president, who leads the club members in repeating the national 4-H club pledge as follows: "I pledge my *head* to clearer thinking, my *heart* to greater loyalty, my *hands* to larger service, and my *health* to better living, for my club, my community, and my country."
 - (2) Roll call by the secretary.
 - (3) Reading of the minutes of the last meeting by the secretary, which should be adopted as a permanent record by the club when approved.
 - (4) Unfinished business: Report of the committee on club songs.
 - (5) New business: Appointment of a social committee to plan for some games at future meetings.

- (6) Songs, led by the song leader.
- (7) Adjournment for work.
2. Instructions and demonstrations.—The local club leader in charge. Page 11. Health rule No. 1. Use of triangular bandages for the head, eye, jaw, chest, shoulder, hand, foot, elbow, knee, and as a sling. Explanation of how to keep the record blank. Assignment of work and bringing of record blanks to the meeting.
3. Social hour.

III. Club Meeting.—Use of Compresses

1. The business meeting.—The club president in charge.
2. Instructions and demonstrations.—The local club leader in charge. Page 14. Health rules No. 2, 3, and 4. Use of compress. Assignment of work, bringing of record blanks to the meeting and assigning health rules No. 2, 3, and 4 for roll call.
3. Social hour.

IV. Club Meeting.—Common Emergencies

1. The business meeting.—The club president in charge.
2. Instructions and demonstrations.—The local club leader in charge. Page 16. Health rules No. 5 and 6. Common emergencies. Care of bruises, sprains, dislocations, and fractures. An examination of all record blanks. Assignment of work bringing of record blanks to the meeting, and roll call assignment for each member to name one use of triangular bandages.
3. Social hour.

V. Club Meeting.—Care of Wounds

1. The business meeting.—The club president in charge.
2. Instructions and demonstrations.—The local club leader in charge. Page 20. Health rule No. 7. Care of wounds. How to stop bleeding. Examination of all record blanks. Assignment of work for the next meeting, including the bringing of records to the meeting, and the assignment of health rules No. 5, 6, and 7 for roll call.
3. Social hour.

VI. Club Meeting.—The Medicine Chest

1. The business meeting.—The club president in charge.
2. Instructions and demonstrations.—The local club leader in charge. Page 23. Health rule No. 8. Use of medicine chest in the home and for common emergencies. Examination of all record blanks. Assignment of work for the next meeting, including the bringing of record blanks and assigning for roll call the naming of four things that the home medicine chest should contain.
3. Social hour.

VII. Club Meeting.—Emergency Treatment

1. The business meeting.—The club president in charge.
2. Instructions and demonstrations.—The local club leader in charge. Page 24. Health Rule No. 9. Artificial respiration, carrying the injured, emergency treatment for sunstroke. Studying the record blanks. Assignment of work bringing of record blanks and the demonstrating by each club member of some practical work that he or she has learned in health and first aid club work.
3. Social hour.

VIII. Club Meeting

1. The business meeting.—The club president in charge.
2. Instructions and demonstrations.—The club leader in charge. Page 27.
Selection of the demonstration team to represent the club by elimination contest. Final instructions on completion of club record blanks for the year. Instructions to the club reporter on news items for the local papers regarding the achievement day program and the work of the club for the year.
3. Social hour.

IX. Club Meeting.—The Achievement Program

The achievement program should be held at the close of the work for the year.

Each club member should hand in to the local club leader the completed record blank so that the results of all the work of the club may be summarized for the year in the Club Secretary's Record Book.

All club members should exhibit the medicine chest which they provide for use in their own homes.

Suggestions

Only club members who make a complete report or have their records up-to-date should be eligible to take part in county or state contests.

The events of the club achievement program and the results of the club work for the year should be carefully prepared and offered to the local newspapers for publication.

Suggested Program

1. A typical club meeting.
2. A brief history and a short statement of the club's achievements by a member or by the local leader.
3. One or more practical health and first aid demonstrations by teams.
4. A talk on 4-H club work.
5. Awarding of 4-H Club achievement pins, if given, to each member of the club who hands in a complete record blank to the local club leader.
6. Plans for the coming year.
7. Adjournment.

How to Weigh and Measure

When taking measurements, remove the outdoor clothing, shoes, and coat. Take height with a square consisting of two flat pieces of wood joined at right angles (a chalk box will serve). The person is placed in a good, erect position, with heels and shoulders against the wall or wide board, upon which has been marked or pasted an accurate measure. Age is taken to the nearest birthday.

To add to the interest in growth and development, a record of the weight of each boy and girl is to be made at each club meeting. This will help each to know his or her own gain. A height and weight card is given showing the average weight for height for boys and girls of various ages. Comparison with this card will permit each member to know just how he or she compares with the average and what gain is being made.

The personal record is to be kept a part of each month so that good health habits will be formed.

"We Learn to Do by Doing."

The habit of finishing a job, not quitting, is another good habit to form. This personal record should be carried through the full number of months as indicated.

WEIGHT-HEIGHT-AGE TABLE FOR BOYS

| Height Inches | 5 Yrs. | 6 Yrs. | 7 Yrs. | 8 Yrs. | 9 Yrs. | 10 Yrs. | 11 Yrs. | 12 Yrs. | 13 Yrs. | 14 Yrs. | 15 Yrs. | 16 Yrs. | 17 Yrs. | 18 Yrs. | 19 Yrs. |
|------------------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 38 | 34 | 34 | | | | | | | | | | | | | |
| 39 | 35 | 35 | | | | | | | | | | | | | |
| 40 | 36 | 36 | | | | | | | | | | | | | |
| 41 | 38 | 38 | 38 | | | | | | | | | | | | |
| 42 | 39 | 39 | 39 | 39 | | | | | | | | | | | |
| 43 | 41 | 41 | 41 | 41 | | | | | | | | | | | |
| 44 | 44 | 44 | 44 | 44 | | | | | | | | | | | |
| 45 | 46 | 46 | 46 | 46 | 46 | | | | | | | | | | |
| 46 | 47 | 48 | 48 | 48 | 48 | | | | | | | | | | |
| 47 | 49 | 50 | 50 | 50 | 50 | 50 | | | | | | | | | |
| 48 | -- | 52 | 53 | 53 | 53 | 53 | 53 | | | | | | | | |
| 49 | -- | 55 | 55 | 55 | 55 | 55 | 55 | | | | | | | | |
| 50 | -- | 57 | 58 | 58 | 58 | 58 | 58 | 58 | | | | | | | |
| 51 | -- | -- | 61 | 61 | 61 | 61 | 61 | 61 | | | | | | | |
| 52 | -- | -- | 63 | 64 | 64 | 64 | 64 | 64 | 64 | | | | | | |
| 53 | -- | -- | 66 | 67 | 67 | 67 | 67 | 67 | 68 | 68 | | | | | |
| 54 | -- | -- | -- | 70 | 70 | 70 | 70 | 71 | 71 | 72 | | | | | |
| 55 | -- | -- | -- | 72 | 72 | 73 | 73 | 74 | 74 | 74 | | | | | |
| 56 | -- | -- | -- | 75 | 76 | 77 | 77 | 77 | 78 | 78 | 80 | | | | |
| 57 | -- | -- | -- | -- | 79 | 80 | 81 | 81 | 82 | 83 | 83 | | | | |
| 58 | -- | -- | -- | -- | 83 | 84 | 84 | 85 | 85 | 86 | 87 | | | | |
| 59 | -- | -- | -- | -- | -- | 87 | 88 | 89 | 89 | 90 | 90 | 90 | | | |
| 60 | -- | -- | -- | -- | -- | 91 | 92 | 92 | 93 | 94 | 95 | 96 | | | |
| 61 | -- | -- | -- | -- | -- | -- | 95 | 96 | 97 | 99 | 100 | 103 | 106 | | |
| 62 | -- | -- | -- | -- | -- | -- | 100 | 101 | 102 | 103 | 104 | 107 | 111 | 116 | |
| 63 | -- | -- | -- | -- | -- | -- | 105 | 106 | 107 | 108 | 110 | 113 | 118 | 123 | 127 |
| 64 | -- | -- | -- | -- | -- | -- | -- | 109 | 111 | 113 | 115 | 117 | 121 | 126 | 130 |
| 65 | -- | -- | -- | -- | -- | -- | -- | 114 | 117 | 118 | 120 | 122 | 127 | 131 | 134 |
| 66 | -- | -- | -- | -- | -- | -- | -- | -- | 119 | 122 | 125 | 128 | 132 | 136 | 139 |
| 67 | -- | -- | -- | -- | -- | -- | -- | -- | 124 | 128 | 130 | 134 | 136 | 139 | 142 |
| 68 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 134 | 134 | 137 | 141 | 143 | 147 |
| 69 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 137 | 139 | 143 | 146 | 149 | 152 |
| 70 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 143 | 144 | 145 | 148 | 151 | 155 |
| 71 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 148 | 150 | 151 | 152 | 154 | 159 |
| 72 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 153 | 155 | 156 | 158 | 163 |
| 73 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 157 | 160 | 162 | 164 | 167 |
| 74 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 160 | 164 | 168 | 170 | 171 |

WEIGHT-HEIGHT-AGE TABLE FOR GIRLS

| Height Inches | 5 Yrs. | 6 Yrs. | 7 Yrs. | 8 Yrs. | 9 Yrs. | 10 Yrs. | 11 Yrs. | 12 Yrs. | 13 Yrs. | 14 Yrs. | 15 Yrs. | 16 Yrs. | 17 Yrs. | 18 Yrs. | 19 Yrs. |
|------------------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 38 | 33 | 33 | | | | | | | | | | | | | |
| 39 | 34 | 34 | | | | | | | | | | | | | |
| 40 | 36 | 36 | 36 | | | | | | | | | | | | |
| 41 | 37 | 37 | 37 | | | | | | | | | | | | |
| 42 | 39 | 39 | 39 | | | | | | | | | | | | |
| 43 | 41 | 41 | 41 | 41 | | | | | | | | | | | |
| 44 | 42 | 42 | 42 | 42 | | | | | | | | | | | |
| 45 | 45 | 45 | 45 | 45 | 45 | | | | | | | | | | |
| 46 | 47 | 47 | 47 | 48 | 48 | | | | | | | | | | |
| 47 | 49 | 50 | 50 | 50 | 50 | 50 | | | | | | | | | |
| 48 | -- | 52 | 52 | 52 | 52 | 53 | 53 | | | | | | | | |
| 49 | -- | 54 | 54 | 55 | 55 | 56 | 56 | | | | | | | | |
| 50 | -- | 56 | 56 | 57 | 58 | 59 | 61 | 62 | | | | | | | |
| 51 | -- | -- | 59 | 60 | 61 | 61 | 63 | 65 | | | | | | | |
| 52 | -- | -- | 63 | 64 | 64 | 64 | 65 | 67 | | | | | | | |
| 53 | -- | -- | 66 | 67 | 67 | 68 | 68 | 69 | 71 | | | | | | |
| 54 | -- | -- | -- | 69 | 70 | 70 | 71 | 71 | 73 | | | | | | |
| 55 | -- | -- | -- | 72 | 74 | 74 | 74 | 75 | 77 | 78 | | | | | |
| 56 | -- | -- | -- | -- | 76 | 78 | 78 | 79 | 81 | 83 | | | | | |
| 57 | -- | -- | -- | -- | 80 | 82 | 82 | 82 | 84 | 88 | 92 | | | | |
| 58 | -- | -- | -- | -- | -- | 84 | 86 | 86 | 88 | 93 | 96 | 101 | | | |
| 59 | -- | -- | -- | -- | -- | 87 | 90 | 90 | 92 | 96 | 100 | 103 | 104 | | |
| 60 | -- | -- | -- | -- | -- | 91 | 95 | 95 | 97 | 101 | 105 | 108 | 109 | 111 | |
| 61 | -- | -- | -- | -- | -- | -- | 99 | 100 | 101 | 105 | 108 | 112 | 113 | 116 | |
| 62 | -- | -- | -- | -- | -- | -- | 104 | 105 | 106 | 109 | 113 | 115 | 117 | 118 | |
| 63 | -- | -- | -- | -- | -- | -- | -- | 110 | 110 | 112 | 116 | 117 | 119 | 120 | |
| 64 | -- | -- | -- | -- | -- | -- | -- | 114 | 115 | 117 | 119 | 120 | 122 | 123 | |
| 65 | -- | -- | -- | -- | -- | -- | -- | 118 | 120 | 121 | 122 | 123 | 125 | 126 | |
| 66 | -- | -- | -- | -- | -- | -- | -- | -- | 124 | 124 | 125 | 129 | 129 | 130 | |
| 67 | -- | -- | -- | -- | -- | -- | -- | -- | 128 | 130 | 131 | 133 | 133 | 135 | |
| 68 | -- | -- | -- | -- | -- | -- | -- | -- | 131 | 133 | 135 | 136 | 138 | 138 | |
| 69 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 135 | 137 | 138 | 140 | 142 | |
| 70 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 136 | 138 | 140 | 142 | 144 | |
| 71 | -- | -- | -- | -- | -- | -- | -- | -- | -- | 138 | 140 | 142 | 144 | 145 | |

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The Health Examination

A health examination should be made by a physician at least once a year. Members of the health club should have such an examination made. This will help them to know their own defects and give them an opportunity to have such defects corrected. It will also let them know their good points and will give them a basis for watching their own improvements. It is a good plan to have this examination made by the family physician at the beginning of the club work.

Health examination should include test of vision and hearing, examination of teeth, throat, nose, heart, lungs, skin, feet, posture, and condition of the scalp.

The height and weight of each club member will have been taken and recorded at the club meeting. Each member should take his or her record when going to the doctor for the health examination.

The boy or girl who is 10% underweight is not developing the strong, useful body that he or she needs to serve all through life.

What Health Is

The dictionary defines health as "safe and sound, hale, hearty, whole in mind, body, and soul."

What Boys Admire

"Every boy admires and covets for himself courage, physical endurance, and skill in athletics. Since these are based upon all-round physical development, on the well-being of nerve, muscle, bone and sinew, it is the sensible and manly thing for the boy to take an interest in the habits that keep his body clean, a smoothly working machine responsive to his will; in the foods that build his body and in those that harm it; in the proper proportion of rest and exercise in his daily life; in all of the few simple but essential fundamentals of health."

What Girls Admire

"Every normal girl admires beauty, every normal girl has the right as well as the desire to be good looking; that is, to be healthy, vigorous and full of overflowing with sheer joy of living. She covets the bright eyes, rosy cheeks, smooth skin, and glossy hair that nature intended every girl to have; the free, lithe body with strength and grace in every movement; and the vitality, energy, enthusiasm and ambition that win and keep friends. All of these depend upon health."

Health Rules

1. Brush teeth each morning and night.
2. Wash the hands before eating.
3. Take a full bath at least twice a week.
4. Have a natural bowel movement daily.
5. Drink at least six glasses of water each day.
6. Eat some fruit and green vegetables each day.
7. Drink milk—one quart a day is desirable.
8. Play or exercise out of doors each day.
9. Sleep long hours in the open air or with open windows:

Boys and girls 10-12 years old need 12 hours sleep.

Boys and girls 12-14 years old need 11 hours sleep.

Boys and girls 14-18 years old need 10 hours sleep.

Additional Suggestions

1. Correct physical defects, if any are found.
2. Eat meals at regular hours.
3. Chew food thoroughly.
4. Eat no sweets between meals.
5. Wear low-heeled, comfortable shoes.
6. Stand and walk properly—chest up, chin in, abdomen in.

Doubtless every boy and girl knows these health rules. Knowing them will not bring about that buoyant health each boy and girl desires. It is necessary to practice all these rules each day. For a time it may be necessary to make a conscious effort to remember to do these things. Daily repetition will reduce the effort required, and gradually these practices will become so much a part of the daily life that they will truly become health habits.

Members of the Health and First Aid Club should start the record of their health practices at the first club meeting. Their club leader will show the members how the record blank is to be kept. Then the members can mark their records for the day.

Members will want to know their own weight and the average weight for height and age as well as the rate of gain. This can be found out by making a comparison of own weight with the average weight as found on the height and weight chart.

Prevention of Accidents

Often repeated sayings after accidents are: "If I had done thus and so," "If I hadn't done thus and so," "If I had looked," "I might have known," "I didn't think," and so many similar expressions all pointing to the fact that accidents are practically always humanly avoidable.

Consideration of ways to avoid or prevent accidents is of more importance and interest than a knowledge of how to care for an accident. The habit of caution should be added to the other health habits which are to become automatic to the members of the Health and First Aid Club.

Over 90% of the accidents in the United States occur in the homes. Some of the things to be remembered are:

1. Sufficient light is a great safeguard at all times and in all places.
2. Heed danger signals and signs.

3. A banana skin removed from the walk may prevent a broken bone.
4. Removing ice from porches, steps, paths, and walks; sprinkling ashes, salt, or sawdust may save a life, concussion of the brain, or broken bones.
5. Testing the ice on a pond with some heavy weight before skating on it may prevent a death. Thin ice should be indicated by placing a danger sign.
6. Learning to swim will prevent drowning. Every person should know how to swim.
7. Sitting quietly in a boat will not upset it.
8. Putting out campfires will preserve many homes and lives and much property.
9. Starting a fire in a stove with kindling wood will not cause explosions and burns. Kerosene oil and gasoline used for starting fires have caused many serious burns and deaths and have destroyed many homes.
10. Opening tin cans with a good can opener is a safe way. Knives and other substitute implements frequently slip, resulting in cuts and scratches.
11. Protect against steam when removing a cover from a boiling kettle.
12. The head of a mule or horse never kicks. Watch his heels.
13. Keep a safe distance away from running machinery.
14. Look to the right and left before crossing a road or street.
15. Drive your own car carefully. You can't know what the "other fellow" will do.
16. Dim your lights when about to meet another car and slow down and do not attempt to pass cars at crossroads, railroads, curves, corners and hill tops.
17. Lighted matches or cigarettes combined with gasoline or kerosene produce disastrous results.

II. USE OF TRIANGULAR BANDAGES

Health Rule No. 1.—*Brush Teeth Each Morning and Night*

Clean teeth are very attractive and necessary to health. Only clean food should be swallowed. If the teeth are unclean, the food chewed is unclean; unclean food will be swallowed and the poisons absorbed into the system. Food left on the teeth presses on the gums, causing them to be pushed back. This may result in decay and other

injury to the neck of the tooth and permit the entrance of bacteria, the origin of abscesses, and gum disease.

Salt is one of the best things for cleaning teeth. The tooth brush should be small with the bristles set far apart and not too stiff. After using, it should be washed with clear water, the water shaken out and the brush dried, if possible in the sun. Keep the tooth brush out of the dust and avoid letting it touch any other brush.

Triangular Bandages

Use of Bandages.—1. To keep dressing in place. 2. To hold splints in place. 3. To stop bleeding. 4. To serve as slings.

Triangular bandages are easily made, not difficult to apply as a temporary dressing and will not cause injury by stopping the circulation. They are commonly made from unbleached muslin, 34 to 38 inches square, folded diagonally, and cut across the fold. They may be used folded or unfolded. Unfolded they are used as a triangular bandage or sling. If they are not to be used unfolded, they should be folded lengthwise to width desired. To fasten, tie the ends or use a safety pin.

Head bandage.—(a) For forehead or top of head. Place bandage over the top of the head the long side level with the eyebrows, point hanging down in the back; bring ends of long side to back of neck; tie, turn point up over knot; and tuck in all ends and edges.

(b) For back of head. Reverse, placing long side low on neck and point between eyebrows.

Eye bandage.—Place the center of folded triangular bandage over the injured eye, bring the ends to the back of the head, and tie. A length cut from a roller bandage may be used in the same way.

Jaw bandage.—Fold two triangular bandages into scarfs, by folding point toward long side; double over once or twice more until scarf is two or three inches wide. Place one bandage across chin even with lower lip and tie ends at back of neck. Place second bandage under chin, catching edge of first bandage, and tie ends of second bandage over top of head. Tuck in all ends.

Chest and shoulder bandage.—Unfolded triangular bandage is used. The long side is placed horizontally across the chest. The upper end is brought over the shoulder and the ends are tied at the back.

Hand bandage.—The triangular bandage is spread out. The hand is placed on it palm down with the fingers toward the point. The point is then brought over the back of the hand to the back of the wrist and the two ends are crossed over the wrist and tied.

Bandage for palm of hand.—Use a folded triangle. Place the center of this on the palm of the hand. Cross the ends at the back of the hand and again in the front of the wrist and tie at the back of the wrist.

Foot bandage.—(a) For toes only—Place toes toward point; fold point back over toes; cross ends of long side over top of foot; carry under foot; cross; bring back to top of foot; and tie; tuck in ends.

(b) For heel—Place long side of bandage under middle of foot; bring point up at back of heel; cross ends of long side on top of foot, carrying to back of leg above heel; cross; bring back to front of leg; and tie. Turn point down and fasten. Point may be turned down inside bandage before bandage is applied. Tuck in all ends.

(c) For whole foot—Place toes toward point, long side at back of leg above heel; turn point back over toes; bring ends of long side around ankle; cross bandage over top of foot; carry back around the ankle; cross at back; bring to front of leg; and tie ends in front. Tuck in all ends.

Elbow bandage.—Fold bandage into scarf as described under jaw bandage, making scarf as wide as necessary. Place middle of bandage over elbow, bring ends to front, cross, carry back around arm above elbow, cross, bring back to front and tie. Tuck in all ends.

Knee bandage.—Same as elbow, placing middle of bandage over knee.

Arm bandage.—Fold bandage into scarf as described under jaw bandage. Place middle of bandage over part to be protected, carry up opposite side, cross, bring back, cross, and tie on side of arm opposite wound. Several bandages may be used if necessary.

Sling for the arm.—For a sling, a square yard of strong material should be used. Fold across to make triangle. Place one end of triangle over the shoulder of uninjured side. Allow length of bandage to hang down in front of chest so that the point of triangle will be behind the elbow of the injured arm. Bind the elbow of the injured arm at right angles. This will bring the forearm across the middle of triangle. Then carry the lower end of the bandage over the shoulder of the injured side and tie to the upper end behind neck. Bring the point of the bandage to the elbow forward to the front and pin there so that the bandage is snug but does not pull. This makes an excellent arm sling but even without a bandage a good sling can be made for the arm by pinning the sleeve or skirt of the coat to the front of the coat. A woman's skirt can be used in the same way.

III. USE OF COMPRESSES

Health Rule No. 2.—*Wash the Hands Before Eating*

Whether or not the hands look clean, they should always be washed just before eating.

Disease germs live a "hand to mouth" existence. Nearly all diseases are carried from one person to another by transfer of that disease by way of the hands to the nose or mouth.

Unseen contamination on the hands will be transferred into the mouth by the food the hands touch in eating.

Colds, measles, whooping cough, and many other poisons enter the body this way.

Avoid wetting a finger to turn a page. Pencils and other articles should be kept out of the mouth.

Seal an envelope and moisten a stamp by using a sponge or a drop of clean water.

Health Rule No. 3.—*Take a Full Bath at Least Twice a Week*

Cleanliness promotes self respect, clean thinking, clean living, and clean acting.

The skin throws off or eliminates waste substances from the body. This process is continuous in winter and in summer. These waste substances must be frequently removed from the surface of the body in order to keep the pores clear and able to function. A clean body will have no odors and will need no perfume.

Clean skin will be smooth, clear, fresh and attractive.

Clean skin should be covered with clean clothing.

Health Rule No. 4.—*Have a Natural Bowel Movement Daily*

Cleanliness of the inside of the body is as important as cleanliness of the outside. The waste matter, left from the digestion of food and drink, must be removed from the body at regular intervals, if the body is to be kept in good working order. A regular time each day for emptying the bowels is an important health habit to acquire. Exercise; the drinking of plenty of water; the eating of an abundance of fruit, vegetables, and whole grain cereals usually will help those who have difficulty in getting rid of the waste of the body each day.

Use of Compresses

In many conditions compresses are found very useful as a means of reducing swelling and inflammation, relieving pain and preventing

discoloration, and may be used either hot or cold, moist or dry, according to the requirements of the case.

Compresses usually are applied moist and hot in cases of boils, carbuncles, infected wounds, for sprains and over painful areas as joints, and sometimes for abdominal distension or pain.

Cold compresses are used in cases of bruises and similar injuries; if promptly applied over bruises of a superficial nature, discoloration usually will be avoided. Ice, in an ice cap or water bag, or cloths wrung out of ice water, or very cold water, may be used. A home made ice bag may be constructed from a well-scrubbed piece of inner tube. Twist and tightly tie one end of the piece to be used. Fill with cracked ice and similarly twist and tie the other end. When filling an ice bag or cap, it is well to pour hot water over the cracked ice, draining off immediately. This removes all sharp edges from the ice.

A moist hot compress affords the same treatment and secures the same result as a poultice, but is better than the usual poultice because it can be more readily prepared and can easily be made sterile (or surgically clean) and safe to use. Most poultices are not surgically clean and because of this are unsafe to use in many kinds of cases—resulting in damage instead of benefit. Many well-known and often-used poultices are distinctly dangerous and should be avoided. Some poultices can be made safe to use but usually are not so prepared. A flax-seed poultice, for instance, if the ground flax seed is boiled a long time and then enclosed in a boiled cloth would be safe to use on a boil, carbuncle or wound. This is a tedious and difficult procedure compared to preparing a compress. Hot pack, stupe, or hot fomentations are other terms used to designate a moist hot compress.

A moist hot compress or hot pack which is to be used in cases where there is no break in the skin or no infection, may be made of a bath towel or a piece of flannel or flannelette folded the required size, wrung out of boiling water and cautiously applied by first holding the compress close to the skin, gradually allowing it to rest on the skin loosely and finally applying it directly and covering it with rubber cloth, folded bath towels, pieces of flannel or other material in order to retain the heat and moisture. The compress should be held in place with a bandage or towel.

To avoid blisters, the pack must be wrung as tightly as possible. It is advisable to rub the skin with vaseline, sweet oil, olive oil or other plain oil before applying the compress.

It usually is neither desirable nor necessary to change the compress often; only when it becomes cool or dry. Hot water bags, or some

other form of dry heat as salt bags, applied over the binder will help retain the heat and avoid the too-frequent changing which interrupts the treatment. When changing the compress, have a second one ready to apply before removing the first one.

A stupe wringer is a great convenience when hot packs are being used, as the pack though sufficiently heated may be wrung out as dry as it should be without burning the hands. Such a stupe wringer may be made by stitching hems in both ends of a strong piece of cloth, as a towel or piece of crash. Slip a strong piece of stick, as a piece of broom handle, through each hem.

Place the compress in the stupe wringer, twist the sticks in opposite directions until all excess water has been squeezed out of the compress, remove the compress and apply.

For open wounds, for boils, carbuncles and infected wounds, it is wise to have the wet compress made of gauze or other loosely woven material, which must be boiled before being applied. In such cases the pack should be removed when soiled with pus or other secretions and should be burned, a new pack being prepared each time the pack is changed.

IV. CARE OF BRUISES, SPRAINS, DISLOCATIONS, FRACTURES, ACCIDENTS, AND COMMON EMERGENCIES

Health Rule No. 5.—*Drink at Least Six Glasses of Water Each Day*

More than three-fourths of the body weight is water. This water is being given off all the time, in the breath, through the skin, and by the other excretory organs.

It is, therefore, necessary to take a regular quantity of water into the body to make up this loss and to regulate the body. Six glasses of water daily is the minimum amount which will supply these demands. Individual drinking cups are essential to health in the prevention of the spread of contagion, as colds, measles, and whooping cough.

Health Rule No. 6.—*Eat Some Fruit and Green Vegetable Twice Each Day*

Eat green vegetables at least twice each day.

All raw fruits and vegetables should be thoroughly washed before being eaten.

Plan to eat tomatoes two or three times a week.

Eat such green vegetables as greens, green beans, asparagus, cabbage, onions, canned peas, carrots, or lettuce at least twice a week, and if possible four or five times.

Common Emergencies

Nose bleed.—Keep head high. Place the first finger over lower edge of bone of nose on bleeding side and parallel with the bone. Use hand on bleeding side. Make firm pressure upward and inward. If bleeding is not readily controlled, send for a doctor.

Fainting.—Fainting is due to lack of blood in the head. Place the patient on his back with head lower than the body. Loosen collar and belt. Open the windows and keep the patient warm. Smelling salts or camphor may be held to nostrils. The face may be washed with a wet cloth. Avoid getting hair and clothing wet. When able to swallow, the patient may be given $\frac{1}{2}$ teaspoonful of aromatic spirits of ammonia in water.

Cramp or Colic.—Cramp or colic is a severe cramping pain in the abdomen. A heated stove lid or a hot water bottle should be placed on the abdomen. Rubbing the abdomen will often give relief. Hot water with a little sirup of ginger should be taken. Indigestible matter may be gotten rid of by drinking several glasses of warm salt water and vomiting or by a cathartic, such as salts or sedlitz powder. If there is a collapse or prostration, send for a doctor.

Nausea and Vomiting.—This is caused by indigestible food, dyspepsia, nervousness or poison. When due to indigestible food, several large drinks of lukewarm water usually will cause free vomiting by washing out the stomach. Whatever the cause, the patient should lie down in a cool place. Hot applications of cloths wrung out of hot water or a mustard plaster may be applied to the abdomen. Drink $\frac{1}{2}$ glass of warm water in which has been dissolved $\frac{1}{2}$ teaspoonful baking soda. In severe cases, sucking small lumps of ice will help.

Chill from Exposure.—When a person is chilling, he is cold and his lips become blue and his teeth chatter.

Remove clothing, if possible, and put patient into a warm bed, covering warmly. Two or three hot-water bottles, hot bricks, hot stove lids, or jugs filled with hot water will soon warm the bed well. Rubbing the limbs and body under the covers will also bring the blood to the surface and help to cure a chill. Hot drinks as tea, coffee, milk, or lemonade, are all good.

Shock.—Shock often occurs in various kinds of injuries. The face is pale, the skin is cold and covered with cold sweat. The patient is more or less stupid. He may be partly or totally unconscious. Send for a doctor at once. Warm and stimulate the patient in every way possible. Place head low, apply heat externally. Cover with extra coats or blankets. Apply hot water bottles or hot bricks. Rub arms

and legs toward body. Avoid uncovering the patient. Hot drinks should be given if patient is able to swallow or a half teaspoonful of aromatic spirits of ammonia in a half glass of water. If head is injured, *never* give stimulants.

Neuralgia of the face.—This may be due to irritation or bad teeth. Always consult the doctor to find the cause. Sometimes an attack comes on suddenly before the doctor can be obtained. In that case, use hot applications.

Rubbing and pressure on the painful nerves often give temporary relief. If due to a bad tooth, proper emergency treatment of the tooth by a dentist will frequently cure neuralgia.

Care of Accidents

“First aid” is employed to provide protection and comfort for the patient. Proper treatment furnished early often prevents later difficulty. In case of accident or injury some one person should take charge. Keep the crowd back. Be calm and do not be hurried. Be quiet and cool. Loosen collar, belt or other tight clothing of patient. Get patient into comfortable position. The injury must be clearly seen before any attempt is made to treat it. Generally it is necessary to remove some of the clothing, and this is likely to be painful and possibly dangerous to the person, unless handled with greatest gentleness. Rip up the nearest seam in the outer clothing and cut or tear under-clothing. The sound side should be undressed first so that the injured side will be subjected to less movement. In injuries of the foot and ankle, it is seldom possible to remove a boot or shoe without giving severe pain and perhaps doing considerable damage, so they should be cut freely when this is necessary.

Injuries where skin is not broken

Bruises.—Bruises should receive attention to relieve pain, to prevent discoloration, to limit swelling. If severe, send for a doctor. Avoid moving the injured parts. Cold applications will relieve the pain and may prevent discoloration. Apply a firm, even bandage. Elevate injured part to relieve pain.

Strains.—Strains are produced by overstretching a muscle. Simple strains may be treated with hot or cold applications, gently rubbing toward the body. If severe, call a doctor. When pain and stiffness become less, gentle movement should be practiced.

Sprains.—Sprains are injuries to joints. Sprains of the wrist and ankle are the most common ones. When severe or in doubt, call a doctor. Begin treatment at once whether doctor has been called or not. Elevate injured joint and enforce absolute rest. Make hot or cold applications for 24 to 48 hours. Strap or bandage joint. In mild cases, movement may then be resumed. A severe sprain is not a trivial injury but one which demands the services of a doctor.

Dislocations.—Send for a doctor. Remember that attempts to reduce dislocations, other than those of the finger or jaw, by one without a doctor's training may result in great harm to the patient. Place the patient in the most comfortable position and cover the injured joint with cloths wrung out of very hot or very cold water.

Dislocation of the fingers. The fingers should be grasped firmly on the hand side. The end of the finger then should be pulled straight away from the hand and the bone usually will slip into place. If any difficulty is encountered, the efforts at replacement should cease and the doctor's arrival be awaited.

Dislocation of the jaw. If the doctor can be promptly secured, await his arrival. If a doctor cannot be secured at once, someone else may reduce the dislocation. A dislocated jaw with the resulting open mouth is most painful and uncomfortable. To reduce a dislocation of the jaw, both thumbs must be wrapped in several layers of cloth to protect them from injury. Both thumbs are placed in the patient's mouth, resting on the lower teeth on each side, while the fingers seize the lower jaw outside. Pressure is made downward and then backward. As soon as the jaw starts into place the thumbs should be slid off the teeth to the inside of the cheeks or they will be caught between the teeth when the jaw springs into place. When the dislocation is reduced, put on jaw bandages.

Fractures.—Send for a doctor. The object of any treatment before the doctor's arrival is to prevent further injury, such as the puncturing of the skin with the rough edge of the bone. Avoid moving the injured part or the patient, if possible. If unavoidable, limit the motion of the injured bone. One hand should support the broken bone on each side of the break. The bone must not be bent. Afterwards, the broken bone should be supported on a pillow or folded coat. If the patient must be moved more than slightly, the ends of the broken bone farthest from the body should be gently pulled and then supported by a splint on either side. If clothing must be removed, cut along the seams. The

best position for the patient usually is on the back with the head low. If the face is pale, keep patient lying down, head low; if flushed, place head on pillow or folded coat.

In case of vomiting, turn the patient on the side, or turn his head to one side so that the matter vomited will not get into his windpipe and choke him.

V. PASTEURIZATION; HOME STERILIZATION; CARE OF WOUNDS AND HOW TO STOP BLEEDING

Health Rule No. 7.—*Drink Milk—One Quart a Day is Desirable*

Experiments have shown that one quart of milk a day is required by the growing boy or girl to furnish the minerals necessary for the best development of strong, hard bones and teeth. The boy or girl who desires to be healthy and develop the strongest body possible will drink a glass of milk at each meal and eat milk dishes so that all together he or she consumes one quart of milk a day.

Pasteurization

Pasteurization is recognized by health authorities as being the most practical and only positive method of rendering milk free from disease germs.

Pasteurization is very simple and may be done in the home. The milk is heated to 142 degrees to 145 degrees Fahrenheit for 30 minutes, then rapidly cooled to 50 degrees Fahrenheit or colder and held at that temperature until used.

Any of the following methods may be used to pasteurize milk in the home.

A. Place the bottles of milk in a kettle and fill with cold water to the level of the milk in the bottles. Heat on the stove until the water has reached a temperature of 150 degrees Fahrenheit, then cover the kettle and place on the edge of the stove. Maintain the temperature of the water above 142 degrees Fahrenheit for 30 minutes, then cool the milk in the bottles by pouring cold water into the kettle. Cool the milk slowly at first to avoid breaking the bottles.

B. Put the bottles of milk in a kettle and fill with water to the level of the milk in the bottles. Place on the stove and heat until near the boiling point, which will be indicated by steam escaping from the surface of the water. Remove the kettle from the stove and allow it to stand uncovered for 20 minutes. Cool the milk by introducing cold

water into the kettle. Cool slowly at first to avoid breaking the bottles. This method may impart a slightly cooked flavor to the milk, but is suggested where a thermometer is not available.

When there is a large quantity of milk to be home pasteurized the following procedure may be used.

Place the container or can of milk in a vessel and add water to the vessel until the water is about level with the milk. Heat until a thermometer shows the temperature of the milk to be 145-150 degrees Fahrenheit, then change the thermometer from the milk to the water and slowly add a sufficient amount of cold water to bring the temperature also to 145-150 degrees Fahrenheit. Allow the milk to remain in this water bath for 30 minutes. Maintain the temperature of the water at this approximate temperature, being careful not to let it drop below 142 degrees Fahrenheit before the end of the holding period. After the milk has been held at this temperature for 30 minutes it should be cooled by running cold water into the tank, gently stirring the milk during the holding and cooling period, will insure a more uniform heating and more rapid cooling of the milk. The milk should be cooled to 50 degrees Fahrenheit or less and kept at this temperature until used. A refrigerator or refrigerating room in which to keep the milk is a great convenience.

Home Sterilization; Care of Wounds

Any material, as cotton or gauze, which will come in contact with an open wound, should be absolutely free of any germs (bacteria); they are then sterile and can be made so by a process called sterilization. That means that the materials have been rendered so hot that no bacteria can survive.

Sterilization may be done by boiling, baking or steaming. The same process consists of using very hot steam about 350°F. under about 15 pounds of pressure. This cannot be done without special apparatus.

Boiling for a sufficient length of time sterilizes. Scissors for cutting gauze, basins, jars and many other articles may be boiled. Gauze or other material that is to be used as a wet surgical dressing, may be sterilized by boiling. Articles that are to be used dry may be baked or steamed. Steaming is more reliable than baking.

Supplies to be baked or steamed should be made into small packages, each package wrapped in a piece of clean, white cloth, the covers lapped far over on all four sides and pinned.

Steaming 1. Fill a wash boiler about $\frac{1}{4}$ full of water. Hang a piece of cloth from the handles of the boiler so as to form a ham-

mock which hangs down about one-third the depth of the boiler. The ends of the hammock should be securely tied to the handles of the boiler. Put the packages to be sterilized into the hammock, tightly cover the boiler and allow the water to boil one hour after boiling point is reached. Hammock should not be tightly packed.

The contents of the packages will become wet with the steam. The packages may be dried by hanging in the sun on a clothesline, or by baking in a very slow oven with the door slightly ajar. The oven drying must be done slowly to avoid scorching and may take two or three hours.

2. Slip a pillow case or a flour or sugar sack over the cover of the boiler. Place the packages to be sterilized in the sack where it sags down in the inside of the cover. Fasten the open end of the sack by tying. Place the cover on the boiler into which water has been put and sterilize as above.

3. Glass jars containing dressings may be stood in water and boiled as when processing vegetables.

4. A pressure cooker makes a good home sterilizer as it affords steam under pressure.

Care of Sterilized Materials

After sterilization, the packages should not be opened until the contents are to be used.

CARE OF WOUNDS

Injuries where the skin is broken.—The skin is the protective covering of the body. Whenever the skin is broken there is danger of infection and inflammation.

Slight bleeding will do no damage but will wash out dirt and germs that have been introduced when the injury was made.

Severe bleeding must be controlled by making pressure on the artery with the fingers, between the injury and the heart. Have patient lie down with the head low. A tourniquet may be made of a handkerchief, towel, bandage, or neck tie. Wrap a stone, cork, or similar object and place over the artery above the wound. Pass the strap twice around the limb loosely on the outside. Pass a stick between the two layers thus formed and twist until the bleeding is stopped. It is dangerous to leave a tourniquet in position too long. If the doctor has not arrived by the end of an hour, loosen the tourniquet slowly. If there is no bleeding, leave the tourniquet loose, but if bleeding commences, tighten the tourniquet again.

Slight scratches and cuts.—Slight scratches and cuts may be treated by applying Tincture of Iodine with a cotton applicator and the wound protected by sterile gauze held in place by adhesive plaster strips or a bandage.

Severe cuts.—Severe cuts should be treated by a doctor. Cover the wound with clean gauze. If bleeding is severe, treat as above.

Punctured wounds.—Punctured wounds are dangerous because infection may have been placed at the bottom of the wound and the small opening does not afford an outlet. Apply a sterile wet dressing.

Burns.—Exclude the air promptly. When the skin is simply reddened, any kind of ointment that is clean may be used, as olive oil, sweet oil, vaseline, zinc ointment, fresh lard, or cream.

When a blister forms, puncture the blister at the lowest point with sterilized needle. Pat out the liquid with gauze. Apply ointment dressing. Bandage or fasten dressing with adhesive plaster strips.

When the skin and underlying tissues are destroyed, prompt attention from a doctor is required. While waiting the doctor's arrival treat as above. Treat for shock if necessary.

Bleeding

Symptoms.—Symptoms of severe bleeding are like shock and should be treated first. Besides actual appearance of blood in hemorrhage, certain symptoms appear, as faintness with cold skin, pale face, anxious expression, breathing, sighing, weak pulse, dizziness or loss of consciousness. Severity of symptoms depends on how rapidly blood is lost.

Control.—Place pressure bandage above bleeding wound. Lay patient down. Keep patient quiet. Cover him warmly. See that he gets plenty of good air and, if he wants it, cold water to drink. Never give stimulants or rub to increase the circulation. Sometimes it is necessary to give stimulants to keep the person from dying. Whenever possible, avoid doing so before bleeding has stopped.

VI. USE OF THE MEDICINE CHEST

Health Rule No. 8.—*Play or Exercise Out of Doors Each Day*

Exercise is essential for the development of muscle, strength, vitality, and endurance.

Exercise and work are two different things. Work develops certain muscles and produces fatigue.

Play develops many muscles, lessens fatigue and often is a rest, even after hard work.

Play develops "brain and brawn," and makes possible good posture and graceful carriage.

Use of the Medicine Chest

Each member of a Health and First Aid Club is required to make a medicine chest, if there is none already available in the household. If the home already has a satisfactory medicine chest, the club member will be expected to see that it is kept clean and in order and the equipment and supplies are maintained, but will not be expected to make a new medicine cabinet.

Reference: "The Family Medicine Chest," Missouri Agricultural Extension Service.

VII. ARTIFICIAL RESPIRATION, CARRYING THE INJURED, EMERGENCY TREATMENT FOR SUNSTROKE

Health Rule No. 9.—*Sleep Long Hours in Open Air or With Open Windows*

A sufficient amount of sleep is one of the most important requirements for growth and for mental and physical development. It is nature's opportunity to rebuild what has been worn out by the day's work, to build additional tissues for new growth and to provide energy for the coming day.

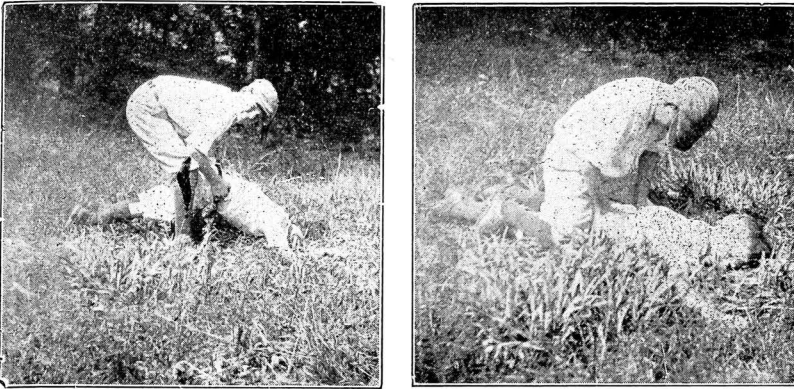
Many boys and girls are underweight as much because of lack of an adequate amount of sleep as because of a lack of an adequate amount of proper foods.

Growth demands much sleep. Body growth continues until about twenty-five years of age.

Sleeping in a closed room robs the sleeper of much of the benefit which should come from sleeping and brings a morning of dullness and lassitude.

Artificial Respiration

Artificial respiration is a method of artificially supplying air to the lungs in the effort to re-establish breathing and is employed in the cases where the supply of air has been cut off from the lungs, as when a person has been under water; in heavy smoke; in an explosion, from gas, as from a leaky pipe leading to a stove or light jet; or from carbon monoxide, the heavy gas sometimes encountered in mines and in badly ventilated garages, tunnels, and subways, which are over-crowded with automobiles or other gasoline engines.



Artificial Respiration.

In any case, where breathing has ceased because the supply of fresh air has been cut off, remove the person to a place where fresh air is available, send for a doctor, loosen any tight clothing, and keep the crowd back.

Drowning.—Send for a doctor and pulmotor if possible. Do not wait for a doctor or pulmotor to arrive. Clean mud and water from nose and mouth with forefinger in a handkerchief. Place patient on his face, clasp around his waist and raise him by the middle with head hanging down. Hold him up for a few seconds in order that water may drain from throat and lungs. Place him on the ground face down, the arms stretched out at full length over his head or one arm bent so the forehead rests upon it. Turn the face to one side. Kneel by the side of or astride the patient's body without resting any weight on it. The palms of the hands are placed over the lowest ribs across the small of the back with thumbs nearly together. Lean forward and let your weight fall on your wrists. Exert this pressure for three seconds (To count 3 seconds say "One thousand and one, one thousand and two, one thousand and three"). Without removing the hands from the ribs, release the pressure for 2 seconds (count "one thousand and one, one thousand and two.") Continue this alternate pressure and release about 12 times a minute until breathing is restored. Artificial respiration should be continued for at least two hours, unless breathing has been established earlier. If another person is present, he should assist by keeping the body warm, rubbing the hands, feet, limbs, drying the hair and making hot applications. Camphor or ammonia may be applied to nostrils. Warm the head nearly as fast as the rest of the body. After breathing is restored, remove the patient to a warm bed where there is plenty of fresh air. Give small quantity of hot drinks, as tea, coffee or ginger tea.

Carrying the Injured

The best method of transporting an injured person is in a wagon or motor truck. The bottom of the vehicle can be padded with hay, straw, clothing, or similar material and the patient laid on this or a mattress. It is imperative in fractures of the thigh or upper part of the leg that the patient be stretched out at full length, also that he be reclining if he has shock or other serious constitutional symptoms. The great number of automobiles and taxi-cabs in use and the speed and smoothness with which they travel makes them especially suitable for cases where the patient may be allowed to assume a sitting position, such as injuries to the upper extremities or the foot. Frequently such modes of transportation are unavailable and then recourse must be had to stretchers, or litters.

Stretchers are appliances for moving the sick and injured and are borne by two or more persons. The essential parts of a stretcher are two stout poles about 8 feet long with strip of some strong material fastened between on which the person lies. The ends of the poles can be used as handles. A very serviceable litter may be devised out of two gunny sacks and two suitable poles. Two holes are made in the bottom of the sacks at opposite corners. The poles are placed inside the bags, thrust through holes, and the sacks drawn into place. Cross strips of wood may be lashed or nailed between the poles to hold them apart.

Another method is to lay a blanket on the ground and roll the outside edges around the poles and to continue the rolling until the poles are about 20 inches apart. The blankets are then fastened by nailing them to the poles or tying securely with strips of strong twine. Canvas may be used in place of a blanket.

A coat stretcher is constructed out of two coats and two side poles. The coat sleeves are first turned inside out. The poles are thrust through the sleeves from the shoulder and the coats buttoned around the poles with the buttons down, making a webbing across.

Every improvised stretcher should be tested by placing a well man on it before it is used for an injured person.

Ordinarily, place the stretcher alongside the patient, who is on his back on the ground. If plenty of help is available, have one person raise the head and shoulders, another the hips, and a third the knees. These helpers stand or kneel on one side of the patient, with the stretcher on the other side. A fourth assistant stands on the opposite side and his whole duty is to reach over the stretcher and handle and support the injured arm or leg.

If two persons are present, the head and shoulders may be lifted on the stretcher first. The helpers then change their position to the

lower part of the body and lift the hips and legs onto the stretcher, guarding the injured part as carefully as possible.

When the patient is on the stretcher, he should be well covered with blankets or clothing. Ordinarily, the bearers can well dispense with their coats for this purpose. It makes no material difference whether he is carried feet or head forward, except in going uphill or upstairs, when the head should always go first. The bearers should break step and proceed slowly. The stretcher handles should be supported by the arms hanging down and should not be borne on the shoulders. If obstacles are encountered it is best to try to go around them.

Occasions may arise when it is impossible to take sufficient time to obtain a stretcher or other appliance for carrying an injured person. Under such circumstances, it is necessary for the helpers to carry the patient without the assistance of any apparatus. If there are two bearers a man may be carried a short distance on what is known as the "lady's chair." This is formed by each bearer grasping the left wrist with his right hand. The free left hand then grasps the right wrist of the other assistant. The injured person sits on the support formed and places his arms round the necks of the operators.

Sunstroke

Sunstroke and heat exhaustion.—Send for a doctor. Remove patient to shade or cool spot. Loosen and remove as much clothing as possible. Apply cold water or ice to head and body. Put patient in tub of cold water, if possible, or wrap in sheets wrung out of cold water. If this is done, rub the patient continually to prevent shock and to bring the hot blood to the surface.

VIII. DEMONSTRATIONS

In so far as possible, all club members should be instructed in the regular club meetings by the demonstration method. As a usual thing, one or more members of each club can begin doing before the club useful phases of the work program soon after the processes have been demonstrated to the club by the leader.

After two or three months of practical experience in handling real things, all mature club members should be able to give public team demonstrations. A team of two or three of the best demonstrators should be selected from the membership of one club, either by mutual consent or by competition. All teams should have an opportunity to demonstrate before the local club group and the people of the home community, and the championship team should represent the local club at the county achievement program, if one is held.

Suggested Subjects for Team Demonstrations

Carrying an injured person. Hand-washing at picnics or camps. Home pasteurization of milk. Teeth and their care. Putting on bandages. Use and application of triangular bandages. Home sterilization. How to make, use and apply home compresses. Care of emergencies. Care of wounds and how to stop bleeding.

Suggested Outline of a Demonstration on Use of the Triangular Bandage. Explanation.

This demonstration is arranged for a team of two members from the same club, designated as "A" and "B".

Equipment: Table, scissors, unbleached muslin, soft material as flour sacks, large handkerchief, roller and triangular bandages, splints and safety pins.

It is suggested that each demonstrator wear a 4-H club cap, made up in the national club colors of green and white.

In as far as practicable, members should arrange their own equipment and stage and should clean up after the demonstration.

Time: Fifteen to twenty minutes.

| Procedure | |
|---|---|
| "A" | "B" |
| <p>"A" leads team in giving the national 4-H club pledge; tells what club or county the team represents; introduces team-mate and self.</p> <p>States what the team will demonstrate and explains the importance of the problem.</p> <p>1. The use of triangular bandage.</p> <ol style="list-style-type: none"> (1) Purpose of triangular bandage. (2) Materials. (3) Demonstrates and explains how to cut a triangular bandage. (4) Demonstrates and explains how to apply this bandage. <ol style="list-style-type: none"> a. To an injured eye. b. To hold a dressing on the chest. c. To use as a shoulder bandage. <p>"My team-mate will show you some other uses of the triangular bandage."</p> | <p>"B" joins in giving club song and pledge, and then stands at attention until introduced.</p> <p>Gets the equipment in order on the table ready for work.</p> <p>Assists "A" as needed in the demonstration.</p> <p>Acts as patient.</p> |
| <p style="text-align: center;"><i>"A" assists</i></p> <p>Acts as patient.</p> | <p style="text-align: center;"><i>"B" leads in speaking and demonstrating</i></p> <p>2. Continues to demonstrate use of triangular bandages.</p> <ol style="list-style-type: none"> (1) As hand bandage. (2) To control bleeding. (3) As palm bandage. (4) As a sling for the arm. (5) For fastening on a splint. <p>"My team-mate will complete the demonstration."</p> |
| <p style="text-align: center;"><i>"A" speaks</i></p> <p>Gives a brief summary of the uses of the triangular bandage. Asks for questions. Repeats questions and answers them. Concludes the demonstration.</p> | <p style="text-align: center;"><i>"B" assists</i></p> <p>Folds up materials.</p> <p>May help in answering questions.</p> |

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S534.M8 M48 1-14



010-014444130

SPEC-M
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Digitization Information: 4-H club circulars

Local identifier circ[number]

Source information

| | |
|--------------|---------------|
| Identifier | 010-014444130 |
| Format | Book |
| Content type | Text |
| Notes | |

Capture information

Date captured 2017 May

| | |
|----------------------|---|
| Scanner manufacturer | Ricoh |
| Scanner model | MP C4503 |
| Scanning software | |
| Optical resolution | 600 dpi |
| Color settings | grayscale |
| File types | tiff |
| Notes | Some page curvature due to tight binding. Slight border added during scanning. |

Derivatives - Access copy

| | |
|------------------|---|
| Compression | LZW |
| Editing software | Photoshop |
| Resolution | 600 dpi |
| Color | bitonal |
| File types | tiff converted to pdf |
| Notes | Images edited: lightened, contrast increased, resized, and noise removed. |