E.P.S. TALK (No. 3)

"BLITZ-AID"

(Condensed from a talk by DR. HUBERT SMITH on June 3—the third of a series broadcast on Wednesdays at 6.30 p.m. from all main National Stations)

THIS is a talk on "Blitz-Aid." There are a few things which are necessary for everyone to know, in regard to injuries which might occur in a bombing raid. They are very simple but terribly important.

If a bomb falls on your house, and severely injures some of your dear ones, what would you do? The first-aid party might arrive within a few minutes, perhaps, but those few minutes might be too late. Even such a short time counts. It is the man or woman *on the spot* who can save lives, if they know what to do and are prepared to do it. Be prepared to see severe wounds; you will need all your courage and you must keep your head.

The points are very simple. Unless a patient is in a highly dangerous place you should treat him where he lies. Do not lift him or drag him away unless the place he is in is extremely dangerous.

STOP BLEEDING

THE first and most important duty of the one who first reaches a casualty is to stop bleeding. When you cut a thumb you naturally grab it firmly with the fingers of your other hand. That application of pressure to a bleeding wound is the correct thing to do in *all* cases. Now, to stop bleeding: Press on the bleeding point with your fingers or hands. Press on the exact place where the blood is coming from. Not "close to it" but exactly right on the spot—*in* the wound. Then as soon as possible apply a clean, thick pad, a folded handkerchief or towel, or any material you can get. Put the clean, inner surface next to the wound. Press on the pad and then bandage it firmly in position over the wound. This dressing must be bandaged firmly enough to control the loss of blood, not just to soak up the blood, but to stop it from coming out. If there is still oozing of blood past or through the pad, renew the pressure on the dressing, and tie the bandage more firmly. This treatment applies to every single wound. If there is obviously glass or material in the wound that should not be there, pluck it out, if it can easily be done, but do not interfere with the wound if you only think it might be there. Press on the wound *exactly* where the blood is spurting from. If the bleeding is from the trunk, there is nothing else you can do, except keep the patient warm and comfortable.

THE TOURNIQUET

HOWEVER, if the bleeding is from the *arm or leg* and the bleeding has not been controlled by the pad or bandage, then there is something else you can do. Remember, first, press on the wound with your fingers or hands. Put a pad on as soon as you can and bandage it firmly. If this fails to control the bleeding, pass a bandage, tie, handkerchief, stocking, strip of shirt or similar material round the limb at a point between the wound and the trunk. Tie the fabric so that the limb is loosely encircled. Pass a stick, a peg, or a pencil through the slack loop and twist until the tightening of the band round the limb stops the bleeding. The tension needed is quite high and it cuts into the limb. The stick or peg which is keeping up the tension has to be tied or held to keep up the tension. Be very careful to see that as the stick is tied in place, the tension is not relaxed. This is called a tourniquet. A better one can be made from 2ft. of bicycle inner-tubing or from a strip of rubber 1½ inches wide by about 2 feet long cut from the inner tube of a car. To one end of the rubber are tied two ends of string, each about 1 foot long. The rubber strip is applied like a bandage, but stretch it so that the first turn is tight round the limb; once the first turn has been made, and the end caught, pressure can be increased if necessary, with the second turn, to stop the blood spurting. Once that pressure is reached no more should be put on. When the rubber is wound right round, tie the string round the limb to prevent the tourniquet from unwinding. This broad rubber strip gives firm pressure without cutting into the flesh as a cloth tourniquet does, but in an emergency you have to use whatever is to hand. After fifteen minutes put on a fresh pad on top of the first blood-soaked one, tie on the bandage and then loosen the tourniquet. By that time Nature has had a chance to form a firm clot, and you can confidently expect to be able to control the bleeding by the pad and bandage method. If, however, bleeding is still not controlled, tighten the tourniquet again.

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Advice On Health (No. 57)

THE NUTRITIVE VALUE OF FISH

(Written for "The Listener" by DR. MURIEL BELL, Nutritionist to the Department of Health)

IN an essay entitled "Nubloomingtrition," A. P. Herbert dissects the "latest addition to the Stomach library"—the report of the League of Nations Technical Commission on Nutrition. "Listen to this about the things in milk," he says. "You have no idea how many things there are in milk. Listen. 'It contains the body building and energy giving nutrients—proteins, fat, and carbohydrates; *all* the known essentials, vitamins, calcium, phosphorus, iron, sulphur, iodine, magnesium, potassium, sodium, chloride, and copper, some of the physiological roles of which are known; and a number of other elements, present only in minute amounts, such as manganese, zinc, and fluorine. . . .'

"In short, milk is not so much a drink as a mining area. Cannot these be used for making ships or shells?"

Fish is Somewhat Similar

In moments like these one feels hesitant about recounting the virtues of fish. However, the duties of a "Nubloomingtritionist" must be done. The proteins of fish are classified as "first class"; they are moreover easily digested. Its fats are exceptionally rich in the important and very necessary vitamins A and D of which the latter is insufficiently supplied by our ordinary foodstuffs, and for which we always have to resort to fish oils (or alternatively to sunshine) to get our necessary supply. In its mineral components it is richer than any meat from land animals. The most important of these minerals for our New Zealand community is iodine for preventing goitre. The kelp-feeding fish like greenbone (or do you prefer its other name — butterfish?) are very rich in iodine. Oysters, pipis, and crayfish contain about 200 times as much iodine as milk, eggs, or beef steak. Most sea fishes contain about 50 times as much. For these considerations let the mother and especially the expectant mother therefore not fail to consider such fish supplies as these well worth a place on her table. But let her not, as so many are inclined to do, prefer to buy, say, flounder that is somewhat stale and rather dear instead of, for example, good fresh moki, trevalli, or gurnet, which are too often wasted.

Ways of Cooking

To some extent the choice of fish by the New Zealand housewife has been determined by her lack of ingenuity in methods of cooking fish. Fried fish and chips is so entrenched in our kitchens that those of us who have to consider our fat intake (from consideration of avoirdupois, digestion, or of troublesome gall bladders) are often forced to turn sadly away from the fish course. We are particularly sad when we think of the array of methods available—consult Blackmore's *How to Cook New Zealand Fish* for numerous recipes. There are baking, broiling, grilling, steaming, sousing, making chowders, curries, croquettes, custards, kedgerees, soufflées, salads; embellishing with many and various sauces — and a host of other methods.

Even when fried, fish is often cooked in too small a volume of fat, thus spoiling the culinary technique and the digestibility. How many of our small, bony fishes would respond to the method known as "sousing" which produces pleasant recollections in my mind of soused herring — and Aberdeen? How suitable this sort of treatment would be for the sardine type of fish known as the "Picton herring," or for fatty fish, where the vinegar counteracts the oiliness of the fish.

(Next week: "Chilblains," by Dr. Turbott.)