

LAMENTABLE fatality curred at Brooklyn, Wellington, last week, when Leigh Holdsworth Auton, aged 19, was electrocuted in his bath while listening to a broadcast. His set was a crystal

outfit with an amplifier worked through a transformer from the 230-volt household mains. The boy was using headphones, and by some means a short circuit occurred and he received high voltage through his body, contact to earth being through the bath.

A friend who discovered him emptied the bath of water, turned off the main switch, and summoned the police and medical aid. Artificial respiration was applied for about an hour, but with-

out success.

As there is always a possibility of a "short" occurring even in the best of /a.c. sets, the risk of wearing headphones attached to an a.c. equipment, whilst there is a chance of contact with earth is apparent. Where there is moisture or metal connected with earth, never touch anything electrical unless you are certain it is safe.

The finest equipment in the world is not proof against a breakdown. Electricity readily passes through a circuit to the ground, and a bath holding water

offers an easy path.

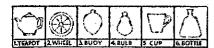
We are living in an electrical age. Around us are electric irons, toasters, radiators, washing machines, kettles, radio sets, and electrified gramophones. Do we realise that the risks attendant upon the handling of electrical equipment should form part of the primary school curriculum? Fallen power lines in country districts are a very serious danger. A half an hour a week, or even a fortnight, would be sufficient to impart to the younger generation an elementary knowledge of the dangers of electricity. Now that a 230-volt electrical current is in general use throughout New Zealand greater precautions are necessary than when a 110-volts current was in common use. Not that 110-volts could not prove fatal, for the writer recalls a fatality in Dunedin caused by a man holding a faulty electric lamp inside a wet engine boiler. He received the full 110 volts through his body, and the current passed thence by the boiler to earth.

The danger with 230 volts is very much augmented owing to the greatly increased electrical tension applying a much more intensified shock

Apparatus Is Safe If-

ALL household electrical appliances are perfectly safe if installed by a competent person, and if in good order, they can be handled without any risk whatever.

When, however, cords become old, and wire ends become detached inside the plugs, there is a definite risk. It is a sound axiom to switch off the cur-



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Seven correct solutions were submitted,
£3/11/6 for each correct solution. Mrs. M.
Baker, 4 Douglas St., St. Kilda, Dunedin;
Mrs. E Colvill, Waihaorunga, Waimate;
Mrs. M. E. Hansen, Pentland Hills Rural,
Waimate; M. E. Smith, Maungati R.M.D.;
C. Wyatt, C/o Mr. Knight Brookby, R.D.
Manurewa, Auckland; Mrs. B. T. Ralph,
R.D., Aukopae, Taumarunui; M. Storey,
R.M.D., Waiuku. Prizes posted.

Do We Realize The Electrical Hazard?

Boy meets his death through Electric Radio

(By Ivan M. Levy.)

appliance which ceases to function not tamper with it yourself. The cord and appliance normally. should be sent to a certified electrician. In the case of an a.c. radio set which has ceased to function the owner should

rent and disconnect immediately any radiotrician who knows his work. Do

PRIMARY school children should be taught that life can be revived in

Merry Xmas ta All Readers from The Radio Record

promptly switch off the current at the a person who has become insensible wall plug.

Under no circumstances, should the interior of the set be touched while the current is switched on.

If the set has failed, send for a electrical shock.

through electrical shock. Surprising though it may seem, it has been the writer's experience to meet many adults who have no idea what to do when a person has been stricken by a powerful

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Before touching anyone who is victim to a severe electrical shock, the main household switch near the meter should be switched off. Unless this is done the current may still be passing through the victim, and the rescuer is endangered. .

Quickness is essential, for every second is precious. Although the victim may appear to be quite dead, artificial respiration should be applied at once, and a doctor summoned.

I have witnessed the successful application of Schafer's method when the patient at first seemed beyond human

Schafer's Method.

SCHAFER'S method is as follows:-(a) Lay the patient in a prone position (back upward), with his head turned to one side, so as to keep his nose and mouth away from the floor. No pad is to be placed under the patient, nor need the tongue be drawn out, as it will naturally fall toward the lips. Extend the patient's arms above the head.

(b) Kneel at one side of, or across, the patient, facing his head, and place the palms of your hands on his lowest ribs, one at each side, the thumbs parallel to each other, about two inches apart, in the small of the back. Keeping your arms quite straight and leaning your body forward slowly, apply firm but not violent pressure straight downward upon the back and lower part of the chest, thus driving air out and producing expiration. This movement should occupy three sec-onds. Draw back your body somewhat more rapidly and relax the pressure, but do not remove your hands; this produces inspiration. This movement should occupy two seconds.

(c) Alternate these movements by a rhythmic swaying forward and backward of your body from the knee joints, twelve times a minute, persevering until respiration is restored. or a doctor pronounces life to be extinct.

The whole procedure is the same as though the person were being treated for drowning.

If a second person is present he can apply hot bottles to the patient's feet and warm blankets around the body. The limbs should also be rubbed energetically toward the heart. as the patient recovers normal breathing he should be put to bed and enconraged to go to sleep. Large warm poultices or fomentations applied to the front and back of the chest will serve to assist breathing.

The patient should be watched carefully for some time to see that his breathing does not fail: if it does, at once resume artificial respiration.
When able to swallow, the patient may be given hot tea, coffee, or meat ex-

