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First Aid in Common Injuries and Accidents

By
Wanda Przyluska
Health Specialist in Home Economics
The Ohio State University

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First Aid in Common Injuries and Accidents

The Ohio Department of Health emphasizes in the "NEWS" the fact that "The Home Is a Deadly Place," because of lack of precaution against accidents. The article states: "In the first 10 months of 1930, there were 1207 deaths due to accidental falls: 609 of those falls happened in the *home;* 142 in industry; 205 in the street, around premises, and in public places; in 251 reports, the place of accident was not given. Fifty per cent of the fatal falls were among persons past middle age." The number totally disabled was not included in the report, or the total would be much larger. Neither could loss of time, cost, and suffering be computed. Educational campaigns in accident prevention should know no age limit.

Automobile accidents are appalling. The Ohio Department of Health NEWS states that "According to the actuarial reports, 50,510 men and women were killed or died of wounds during the eighteen months of American participation in the World War; during eighteen months previous to the close of 1930, the record showed 50,900 men, women, and children killed in motor accidents in the United States. During 1930 only, in the United States 962,325 persons were *injured* in automobile accidents—a number greater than the population of Cleveland, Ohio's largest city."

There is usually much more interest shown in what to do in case of an accident than in what to do to prevent it, and yet prevention would save not only suffering and sorrow but dollars and cents. It is up to every individual to study the causes of accidents and to apply preventive measures, starting first of all with his own home, then with the community, then the county, state, and nation. Prevention of accidents is everybody's duty. We must ask ourselves not what our community may do to prevent those accidents but what *I* as an individual can do to prevent them.

NEED OF ACCIDENT PREVENTION

Some of the causes of accidents:

Too much hurry	Poor lighting
Carelessness	Broken furniture, etc.
Mind not on the task	Small rugs on a waxed floor

Poorly constructed stairways, missing stair steps, etc.

Some of the things that each individual may do to prevent accidents:

Provide better lighting on stairways, cellar, etc.

Eliminate things not needed and only cluttering the house

If small rugs are used on waxed floors, make them nonskid by using rubber guards under them.

Develop poise and avoid too much hurry

Learn to be careful when doing things and not to leave about things which might cause an accident; e.g., boards with nails, sharp objects, peelings thrown on the floor, etc.

What Is "First Aid?"

First aid is the help given in an emergency. A person giving this help should:

Keep calm, take command of the situation, and do or direct others what to do.

Know what *not to do* as well as what *to do*.

Call for a doctor in severe accident or when in doubt.

Know what to do until doctor arrives in order that the patient

(a) May be comfortable
(b) May be in good condition
(c) May be no worse for the first aid treatment.

Keep crowd away; keep the patient quiet; avoid moving him unnecessarily.

Give patient a drink of water if able to swallow.

Give a stimulant if needed. Never give a stimulant when face is flushed or when patient is bleeding severely. (Stimulants: coffee, tea, broth, aromatic spirits of ammonia—¼ to ½ teaspoon in ½ glass of water.)

Preparation for First Aid

Sterilized dressings.—These may be made at home from clean white pieces of cotton or linen cloth which has been washed, boiled, dried in the sun, ironed slowly on both sides to sterilize it, then folded or rolled and placed in sterilized covered jars or tin boxes.

Applicators.—These are pieces of sterile cotton wrapped around the end of a toothpick. If placed in a sterilized covered jelly glass they are always ready to use for applying iodine or mercurochrome, or for cleaning out a sore.

Hands.—The hands of the one who gives first aid should be thoroughly washed with soap and water and a clean nail brush before preparing or handling sterile dressings or applicators. It takes five minutes to wash hands thoroughly.

In opening the cans or jars with dressings or other sterile articles, the lids should never be touched on the inside, and should always be placed with the inside part up. Sterilized dressings should be handled as little as possible. If wounds or sores must be touched by the hands, the hands should be carefully scrubbed first.

First Aid Kits

First aid materials should be kept in clean covered containers, and should be in the handiest place possible.

Making of the first aid kit.—Containers: For home, a jar or a large tin box, lid well fitting, box or jar sterilized by boiling; for automobile, a small flat tin box sterilized as for home. In those containers the necessary articles should be placed, care being taken that corks and jar lids fit well, and that dressings are wrapped securely.

Here is a suggested list of articles needed in the first aid kit:

A sterile container to hold the first-aid articles
Mercurochrome or iodine
Aromatic spirits of ammonia
Normal salt solution
Tube of either vaseline, unguentine, or boric ointment
Applicators
Razor blade or scissors
Surgical cotton
Bandages
Adhesive tape
Safety pins
Triangular bandage, medium size, out of some old white silk or light weight washable material.

All containers for the first aid kit should be boiled thoroughly. Bandages should be wrapped in clean sterilized cloth. Cotton and applicators for the auto kit should be wrapped in sterilized cloth. For home kit 1 oz. or ½ oz. bottles could be used for iodine or mercurochrome, and 2 oz. bottle for normal salt solution; for auto kit 1 dram glass tubes for iodine or mercurochrome are more convenient, and 1 oz. bottle for normal salt solution.

Preparation of Normal Salt Solution.

1 pint boiling water
1 teaspoon salt.

Put ingredients in a clean bottle or jar, cork lightly or place on lid as for cold packing. Put the container with solution into a pan of hot water. Boil for five minutes to sterilize the solution. Cork tightly and keep corked when not in use.

First Aid in Emergencies

Fainting.—Fainting is caused by lack of blood to the brain cells, often due to extreme weakness or to a nervous shock, as sight of blood, bad news, etc. It is more common in overheated and crowded places.

To prevent fainting, have person who feels faint double over so that head is between the knees, or lie down with head lower than the body.

If the person has already fainted, lay him down with head low and feet and legs elevated; loosen clothing, open windows, sprinkle a little cold water on face, rub arms and legs upward. When able to swallow give hot coffee, hot tea, or aromatic spirits of ammonia—½ teaspoon in ½ glass of water. Keep patient in a reclining position for a time after consciousness is regained.

Shock.—Shock often accompanies injuries. It is a depression of the nervous system and is also called at times, collapse. The skin is cold and clammy, pulse weak, temperature subnormal, pupils of the eyes dilated, and the patient looks pale and is usually unconscious.

Place patient flat on the back with the head low, unless the head is injured. Apply heat externally, loosen clothing, rub legs and arms upward. When conscious give stimulant. Always call a doctor.

Apoplexy.—Apoplexy or a stroke is due to a rupture of a blood vessel in the brain, which causes hemorrhage into the brain substance. Patient becomes unconscious, breathing is slow, the mouth is drawn to one side, the face is red, skin warm, and pupils of the eyes unequal. Call a doctor. Raise patient's head and shoulders slightly. Apply cold to the head and heat to the feet. *Do not give a stimulant.*

SUNSTROKE.—Sunstroke is due to the action of direct sun rays over a prolonged time. The face is red, skin dry and hot, pulse fast, and temperature high. Call a doctor. Remove the patient to a cool place, apply cold compresses or packs to the body to reduce fever. Do not give a stimulant as long as the temperature is high.

HEAT EXHAUSTION.—Heat exhaustion is due to the effect of extreme heat, even without sun rays. The skin is moist and clammy, pulse quick, temperature low, and the patient is often unconscious. Apply external heat to the body, give stimulant if patient is able to swallow, rub the extremities upward to increase the circulation. Call the doctor if the case is severe.

WOUNDS.—Wounds are injuries in which the skin is torn, punctured, or cut. The skin protects the body against the invasion of bacteria; when skin is cut or torn, bacteria often find their way into the body and infection follows. In handling wounds this should be remembered, and everything coming in contact with wounds should be sterilized and as clean as possible. Only sterile dressings should be used and hands should be scrubbed with soap, water and nail brush for about five minutes, and rinsed well in clear water before giving first aid.

Dressing Wounds: After the hands are washed apply a 3 per cent solution of iodine or mercurochrome to the wound. Leave wound exposed to the air for a few minutes, then apply a sterile porous dressing. If the skin around

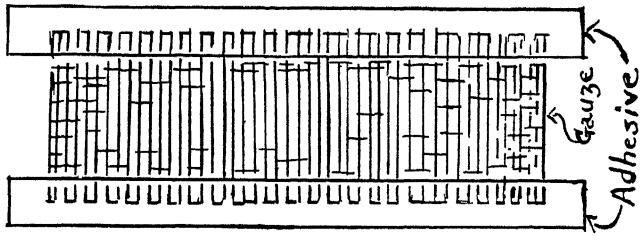

Fig. 1.—Adhesive used to hold dressing in place

the wound is dirty, wash it either with boiled water and soap, normal salt solution, or alcohol. Be careful always to wash away from wound. Do not cover the wound with adhesive. Adhesive may be used to hold the dressing in place, with narrow strips applied to the edges of the dressing (see Fig. 1) or by cutting a hole in the adhesive strip and placing three or four layers of gauze over the hole, as in Fig. 2. The dressing then fits over the wound, with adhesive holding it in place.

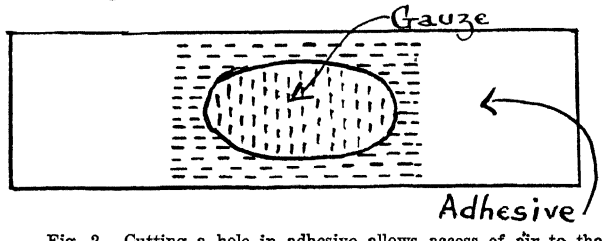

Fig. 2.—Cutting a hole in adhesive allows access of air to the wound. Use several layers of gauze for the dressing.

A punctured wound which does not bleed may easily become infected; bleeding washes some of the dirt out. One may soak the punctured wound in hot water for a while and then squeeze out a drop or two of the blood.

When soil or dirt is introduced into the wound, there is always danger of tetanus, commonly called lockjaw. A doctor should be consulted and often a prophylactic treatment of anti-tetanic serum is advisable.

HEMORRHAGE.—A hemorrhage is a severe bleeding. Bright red blood spurting out means that an artery has been cut; a slow stream of dark red blood means that the damage is to a vein, or if the bleeding is very slow and small in quantity it indicates injury to a capillary.

Stimulants should not be given in case of a hemorrhage without doctor's orders, as stimulants increase the heart action, and therefore speed up the circulation and bring more blood to the injured area. To stop bleeding apply pressure directly or indirectly, elevate the bleeding part, apply something cold. Call a doctor.

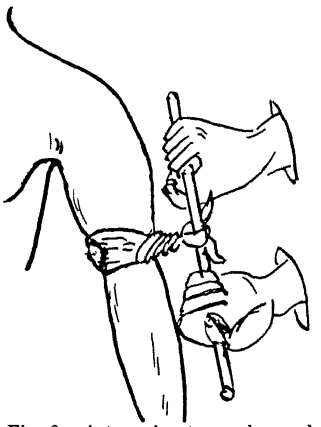

Fig. 3.—A tourniquet may be used to check bleeding of arm or leg.

Bleeding from Arm or Leg.—Use direct pressure on the wound, or indirect pressure between the wound and the heart by means of a bandage twisted around the arm tight enough to stop the flow of blood. This is called a tourniquet (Fig. 3). A tourniquet should never be applied too tightly, and not left on longer than 15 minutes, when it should be loosened, then tightened again if necessary. If arm or leg swells and turns dark loosen the tourniquet at once, as the stoppage of circulation may cause gangrene.

Hemorrhage of the Lungs.—Raise the patient to a semi-sitting position; apply cold to chest. While awaiting the doctor let patient swallow pieces of ice or sips of very cold water.

Hemorrhage of the Bowels.—Raise the foot of the bed higher than the head of the bed, call the doctor, apply cold compress to the abdomen, and keep the patient quiet.

Severe Nose Bleed.—Keep the patient's head raised; apply cold compresses to the back of the neck and base of the nose; place a small roll of surgical cotton under upper lip.

Bleeding from Varicose Veins.—Raise the leg and foot; apply clean gauze to the ruptured vein, binding it *very lightly* with the bandage. Remove garters and constricting bands.

SPRAINS.—Sprains occur in the joints through twisting the ligaments holding the joint together. Apply bandage to immobilize the joint (See Fig. 11, page 13 and Fig. 16, page 14); raise arm or leg to avoid congestion; apply cold for the first hour, then use heat to relieve pain.

STRAINS.—Strain of the muscle is due to stretching the muscle too much. Apply heat to relieve pain, and massage lightly. When in the back, it is often necessary to apply adhesive as a means of immobilizing the muscle.

BRUISES.—Apply cold first, then use hot compresses to relieve pain. Do not use alcohol near the eye, but compress of witch hazel may be used.

FRACTURES.—A fracture is a broken bone. In a simple fracture, only the bone is broken; in a compound fracture, the skin is also broken, causing a wound. A fracture should be treated by a doctor to insure the proper setting of the bone. An X-ray is the best guide in setting fractures.

In taking the patient to a doctor apply a temporary splint to provide stiffness to the outside of the body. A light board, umbrella, stick, bark of tree, magazine—all may supply material for a temporary splint. If there is a wound, place a sterile dressing over the wound. Do not put the splint right over the wound. Have the splint extend far below and above the fracture. Keep the patient as comfortable as possible. In a fractured rib a long strip of cloth or a towel pinned tightly around the chest may be used as a temporary splint to provide comfort to the patient. In a broken arm use a sling to provide support. See illustration of the uses of triangular bandages, page 10.

BURNS AND SCALDS.—*Sunburn.*—Sunburn is due to prolonged exposure of the surface of the body to the rays of the sun. Make a solution of one teaspoon of boric acid in a half pint of hot water, add 10 to 20 drops of carbolic acid. Shake well, and dab the solution on the inflamed skin,; do not rub.

Slight Burns or Scalds. Severe burns should be under doctor's care and only slight ones treated at home. Exclude the air by applying quickly a clean dressing with either sterile vaseline, unguentine, boric ointment, or carron oil which is a mixture of equal parts of raw linseed oil and lime water. Cover all parts where skin is injured to prevent raw surfaces growing together. Never apply cotton to a burn. If a blister has to be opened, prick it at the edge with a sterilized needle and press the fluid out gently with a piece of clean cotton. Some doctors use a freshly made 2½% solution of tannic acid (4 teaspoons of tannic acid to 1 glass of water), and either apply a dressing saturated with it and keep it saturated without removing for 24 hours, or spray the solution directly on a burn at 15-minute intervals, until a firm parchment-like protective membrane is formed (usually in about 18 hrs). Healing takes place under the membrane, which gradually drops off.

PLANT POISONING OF THE SKIN.—This trouble may result from contact with poison ivy, sumac, and other plants. Most of the irritation or poisoning of the skin is due to the acid contained in the plant. A treatment should be alkaline. Wash freely with strong soap and water, but avoid rubbing. Apply soap paste over the infected part, or use epsom salts mixed with water, or baking soda mixed with water as a paste. Pat it on. Cover with loose, light dressing. In severe cases consult a doctor.

INSECT BITES.—The irritation is due to acid so the treatment should be alkaline in nature. Household ammonia, aromatic spirits of ammonia, baking soda, epsom salts, spirits of camphor, iodine, and soft soap are all helpful, but different individuals react differently to the treatments.

FOREIGN BODIES IN THE EYE AND EAR.—Do not rub the eye. Do not put into the eye a flaxseed; do not try to remove the object with a pencil or other stiff or sharp instrument.

Draw the upper lid down over the lower several times. If this does not help, turn the upper lid over a match and remove the object with a corner of a clean handkerchief. Wipe towards the ear and never towards the nose. Flush the eye with salt solution.

If an insect gets into the ear wash out the ear with warm water. This will often drown the insect and wash it out. A little piece of cotton saturated with gasoline and held close to the ear will anaesthetize the insect, then it can be washed out with warm water. If gasoline is used, avoid an open flame.

DROWNING.—Clean the mud from the mouth and nose. Turn the patient face down and clasp around the waist. Raise the patient by the waist and hold in this position for a few seconds to expel the water from stomach and throat, then begin artificial respiration. Keep the body warm. Give hot drinks—for instance, a few drops of tincture of ginger in hot water—when the patient regains consciousness.

Artificial Respiration.—The Sylvester method.—Put the patient on the back; turn the head to the side. Put a rolled coat or small log between the patient's shoulders to raise the chest. Kneel just above the patient's head and catch both arms below the elbows. Draw the arms outward gently and hold for about two seconds. Then bring the arms down till the elbows press against the chest for about two seconds. Continue at the rate of 15 times per minute. This may have to be kept up for an hour or longer. Keep the patient warmly covered during the whole time. When the patient begins to breathe massage legs and arms toward the heart to help the circulation.

The Schaeffer or Prone Pressure Method.—Place patient with the face down, head turned sideways (see Figs. 4 and 5). Kneel over the patient,

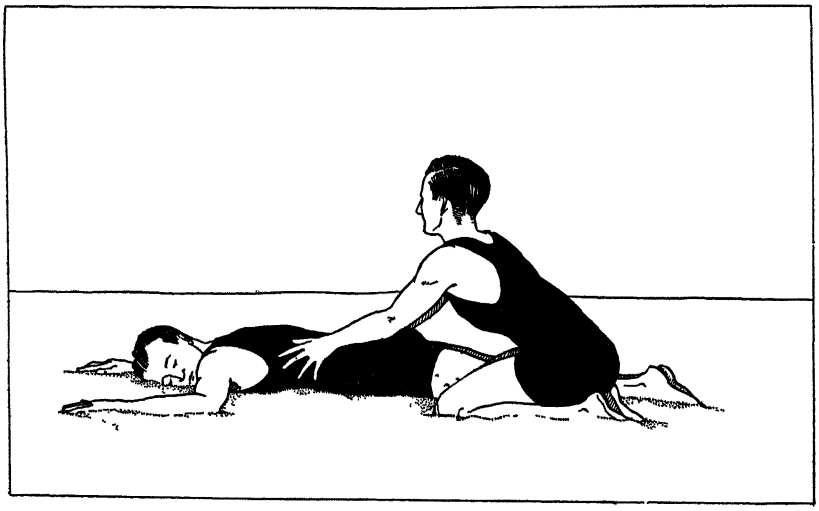

Fig. 4.—First position of operator in the prone pressure method. The pressure is exerted slowly for about three seconds, then removed for a period of about two seconds, and again appiled. (Fig. 5 shows second position.)

your knees on the line with the patient's hips. Place palms of your hands on patient's back, thumbs parallel to spine, little finger at the edge of the lower rib (Fig. 4). While counting one, two, swing forward slowly, so that the weight of your body is gradually brought to bear upon the patient (Fig. 5). While counting three swing backward so as to remove the pressure, returning to first position. While counting four and five rest, then start over again. If possible, have some one rub the patient's legs and arms to stimulate the circulation. Give the patient a stimulant as soon as consciousness is regained.

Transporting the Patient

A stretcher may be made by turning the sleeves of a coat wrong side out then slipping two poles or long strong sticks through the sleeves and buttoning the coat, buttoned side up. Sometimes two coats have to be used to make the stretcher long enough.

A blanket can be made into a stretcher by placing a stick in the middle of the blanket, and folding blanket over it, then placing another stick about 20 inches from the first one, then folding the blanket over that again with the folded side up, so that the weight of the person will hold it in place. Before using the stretcher always test it by placing a well person in it.

A seat can be made by having one person grasp her own wrist with one hand and with the other hand the wrist of the other person, who does the same thing. A three-handed seat can be made by having one person grasp her own wrist with one hand, with the other hand the wrist of her partner, with the partner using one hand to grasp the first person's wrist, and with the other hand her upper arm to form a back rest for the patient.

A patient can be carried by having one person grasp the patient with both hands under the arms, and the other person grasping the patient under the knees.

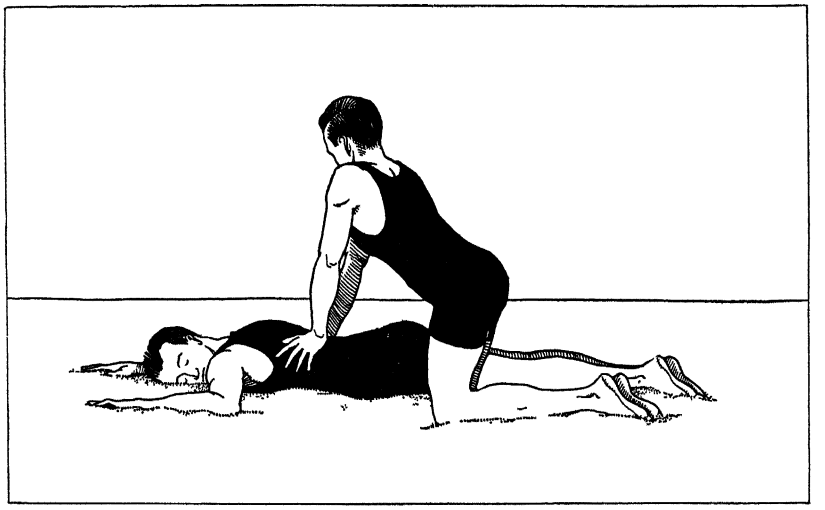

Fig. 5.—Second position of operator and patient in effecting artificial respiration by the prone pressure method. The operator is throwing his weight vertically on his wrists, thus putting pressure on the thorax and abdomen of his patient.

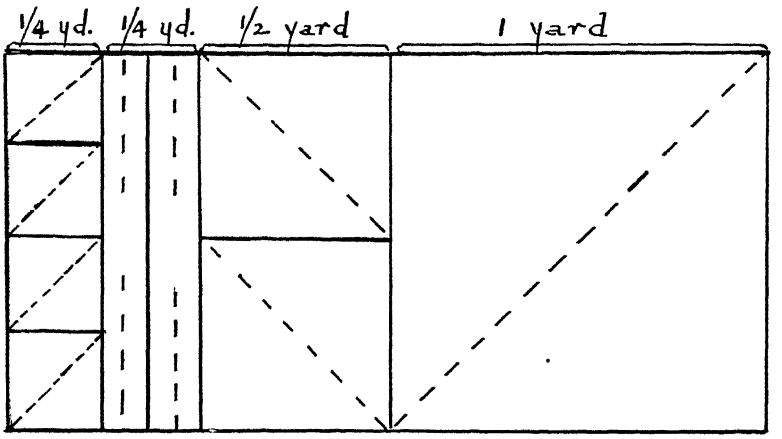

Fig. 6.—Various sized bandages that may be cut from two yards of material.

Methods of Making and Applying Bandages

Bandages are used to give support or to hold a dressing in place. The most commonly used are the triangular bandage, the roller bandage, and the 4-tail bandage. The method of cutting yard-wide material to get a supply of triangular and 4-tail bandages is shown in Fig. 6. From two yards of material one may cut the following:

8 nine-inch triangular bandages
2 four-tail bandages
4 one-half-yard triangular bandages
2 one-yard triangular bandages

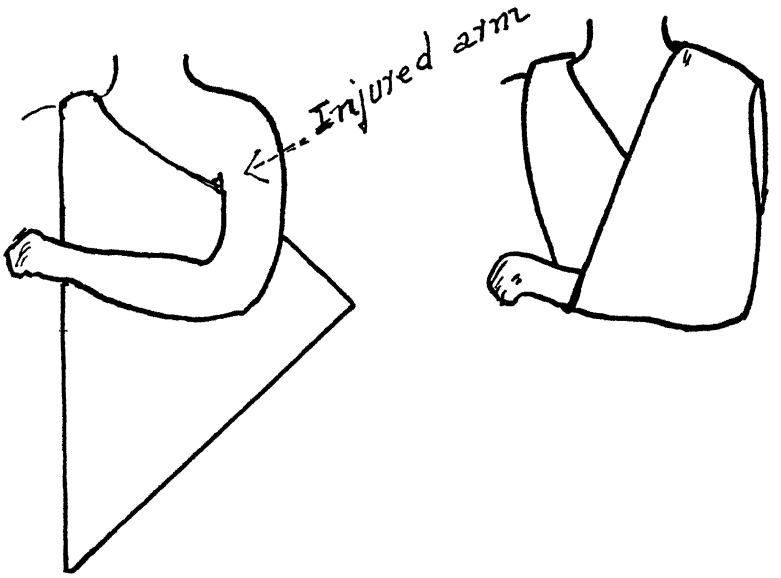

Fig. 7.—Method of applying sling to support an injured arm.

THE TRIANGULAR BANDAGE.—This may be of various sizes. It is in the shape of a triangle, the longest side of the bandage being on the bias. It may be made of unbleached muslin (Fig. 6) or old sheeting. A bandage cut out of a yard square may serve as a sling, cravat bandage, elbow or knee bandage, or as a head, foot, or hand bandage.

Sling.—For a sling, place the bandage on the shoulder opposite the sore arm, with a corner of the bandage toward the elbow of the injured arm and the longest part parallel to the well arm. Fold over the arm, bringing the lower end up and pin back of the neck (see Fig. 7).

Shoulder, Chest, or Hip Bandage.—Slit the large triangular bandage half way from the point towards bias line (Fig. 8*a*). Place the center of diagonal line over injured shoulder; bring ends under opposite arm; pin firmly together. Bring the slit ends under the arm, cross them and tie firmly over the arm (Fig. 8*b*).

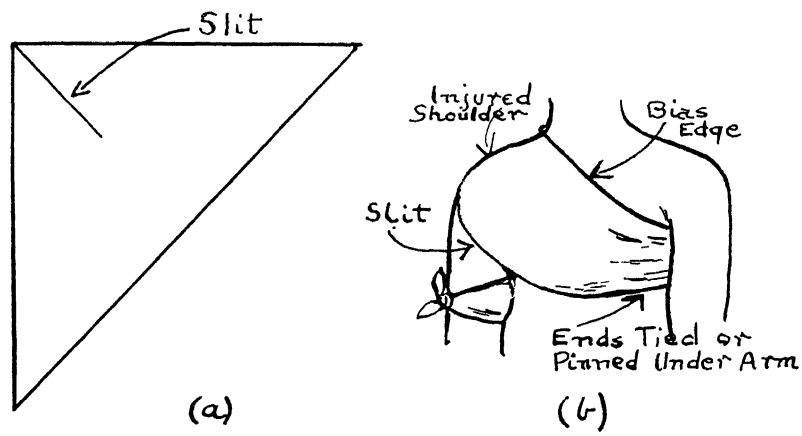

Fig. 8.—Triangular bandage for injured shoulder.

If it is necessary for both sides of the chest to be bandaged, two of these bandages may be used, one on each side as for shoulder. For a hip bandage the same method is used, the bandage being placed on the hip and the slit ends tied around the thigh.

CRAVAT BANDAGE.—For a cravat bandage fold the triangular bandage from point towards bias, so as to make a long, narrow, bias bandage (Fig. 9). This bandage may be used as a sling over splints, or as an arm, elbow, knee, head, or ankle bandage. Because of bias it is easy to make this bandage fit snugly over rounded surface. To bandage knee or elbow, place the center of the bandage over the knee or elbow, bring one end around above and one below, tie ends on the inner side.

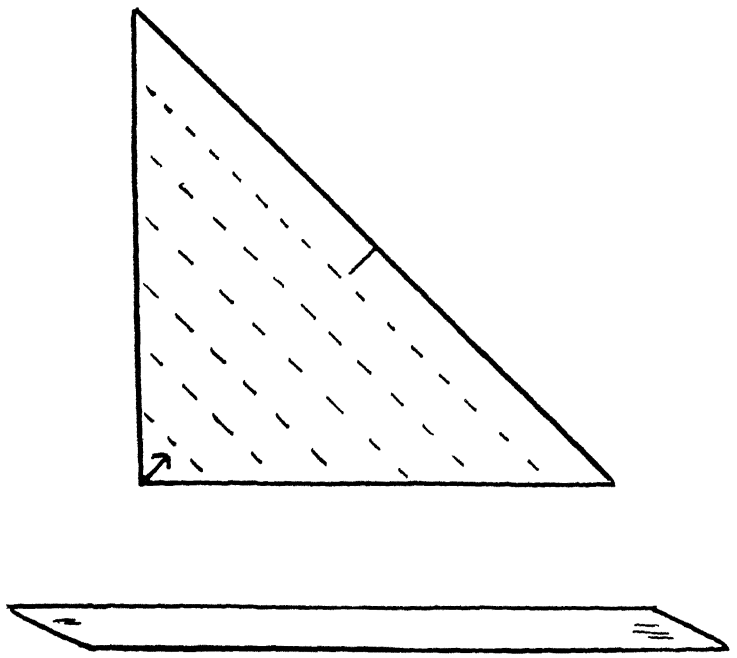

Fig. 9.—A cravat bandage is a triangular bandage folded as indicated, so as to make a long, narrow, bias bandage.

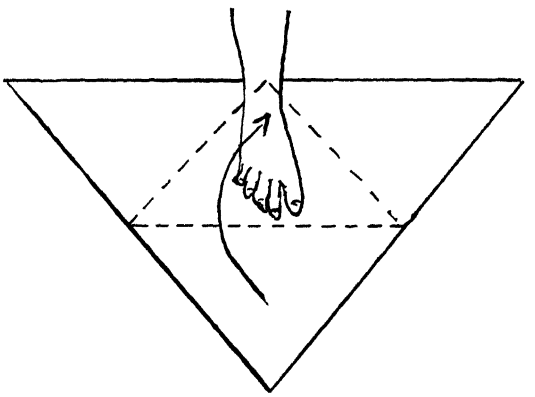

Fig. 10.—Foot bandage; fold point over the toes, then cross ends and tie.

Foot Bandage.—For a foot bandage, place foot on bandage, bias over the heel, fold point over the toes and instep, fold in fullness comfortably, cross ends over instep, bring behind the ankle, cross and tie in front of ankle (Fig. 10).

Ankle Bandage.—For an ankle bandage over the shoe (Figure 11, *a*, *b*, *c*, *and d*), put the middle of cravat bandage at front of ankle, bring ends to back and cross them behind heel *(a)*; bring ends down under the instep *(b)*; lift ends and cross on top of instep and push each end under the strip of bandage that crosses on each side of foot from back of heel to instep *(c)*; pull ends to front of ankle and tie firmly.

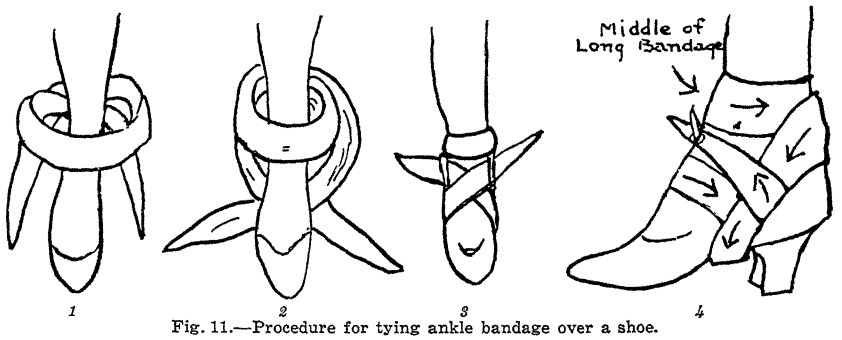

Fig. 11.—Procedure for tying ankle bandage over a shoe.

Finger and Hand Bandages.—As a finger bandage, place the sore finger on the bandage, turn point over the top of finger, fold ends, cross towards palm; cross ends again, bring them to the top, and tie. This bandage is very easy to apply and stays firmly in place (Fig. 12). If four fingers have to be bandaged, a larger bandage is used in the same way as for one finger (Fig. 13).

For a whole hand, a larger bandage may be used. The completed bandage looks like Fig. 14.

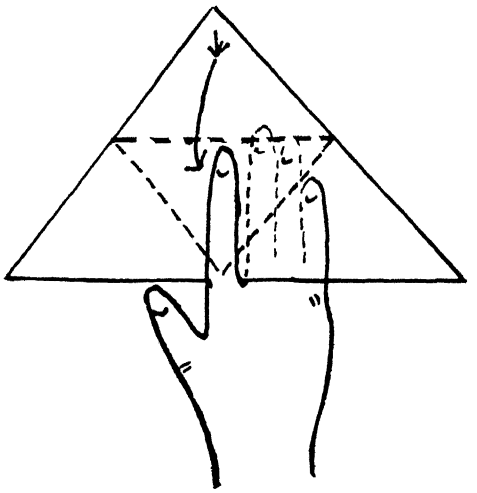
Fig. 12.—Bandage for one finger.

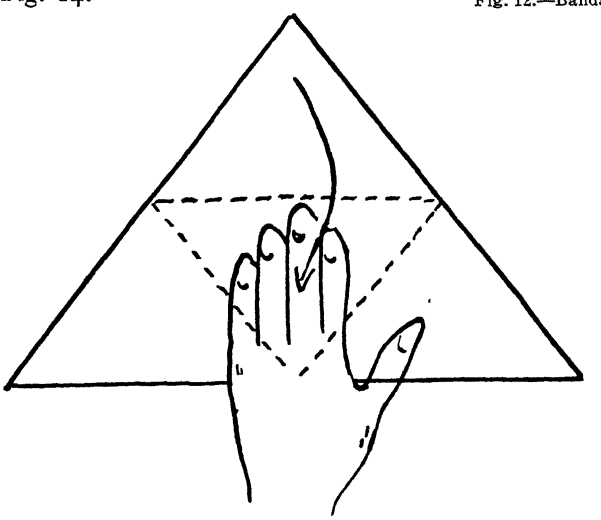
Fig. 13.—Bandage for four fingers.


Fig. 14.—Triangular bandage applied to hand.

Head Bandages. — As head bandage place triangular bandage over head with the point in front or on side, depending on the location of the injury. The crossing of bandage, pins, or knot should never come on the dressing.

Bring the ends around head and over headpiece, and pin or tie; lift point of headpiece and tuck into side creases (Fig. 15).

Fig. 15.—Head bandage.

ROLLER BANDAGES.—Roller bandages may be of various widths and lengths, according to where they are to be used. They can be bought at the drug store, or prepared at home. The material for home-made bandages should be sterilized by boiling and ironing. If the bandages have to be pieced together they should be sewed flat by laying one end on top of another and then stitching through.

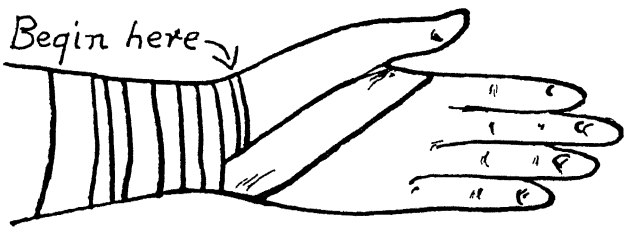

Fig. 16.—Method of applying roller bandage to sprained wrist.

A narrow bandage is usually used over a finger by placing it first up and then over the finger and then circling the finger with the bandage from down up and then down again, and then bringing it over the top of the hand back of the finger and looping it around the wrist.

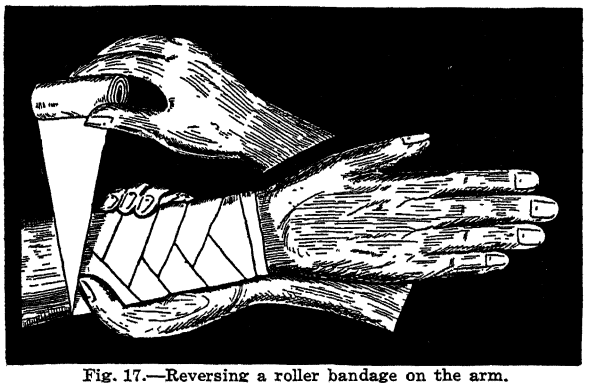

Fig. 17.—Reversing a roller bandage on the arm.

For a sprained ankle a 2-inch bandage is usually used. The ankle is held in a comfortable, natural position, the bandage is rolled around the instep a couple of times and then crossed over the instep and around the ankle; down again over the instep and around the ankle, trying to place it snugly and a little higher with each turn.

For a sprained wrist, the roller bandage is first wrapped snugly around the wrist a couple of times, then brought over the palm and between thumb and finger (Fig. 16). Continue bandaging until a firm support is given.

A roller bandage often has to be reversed (Fig. 17) as a straight bandage does not always fit firmly and snugly around a surface without being made bias when more elasticity is needed. Roller bandages are fastened with a safety pin, or with adhesive, or the ends split and then tied around. The last is not the most comfortable way.

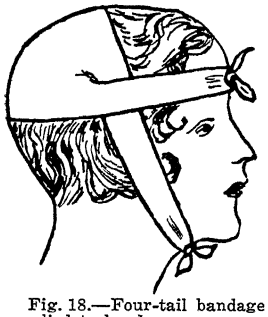

Fig. 18.—Four-tail bandage applied to head.

THE 4-TAIL BANDAGE.—This bandage is a straight piece of cloth with both ends split, leaving a space in the middle 6 to 8 inches long (Fig. 19). The length and width of the bandage depend on where it is intended to be used.

The center non-split part of bandage is placed over the dressing, the ends are crossed, lower ends brought up and tied, upper ends brought down and tied (Fig. 20). This bandage is very useful as chin, head, ankle, knee, or elbow bandage.

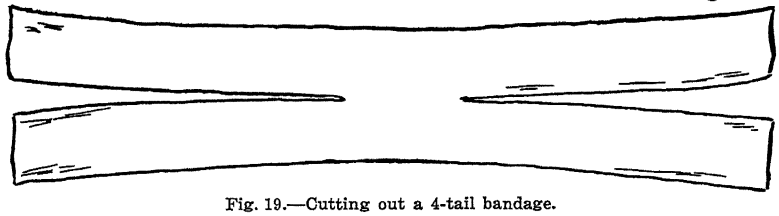

Fig. 19.—Cutting out a 4-tail bandage.

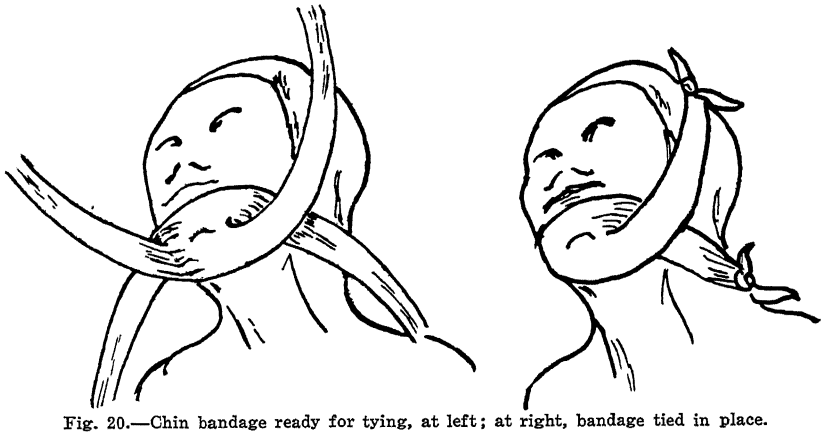

Fig. 20.—Chin bandage ready for tying, at left; at right, bandage tied in place.

Accidental Poisoning

Call a doctor!

Ascertain if possible the kind of poison taken. If this can not be done, give white of egg and milk.

TABLE OF ANTIDOTES FOR POISON

Poison	*Antidotes and treatment*
Carbolic acid, creosote	Epsom or glauber's salts in abundance; lime water, alcohol, no oil; flaxseed tea.
Oxalic, acetic, tartaric acids	Chalk, lime water, plaster, carbonate of calcium, calcined magnesium, flaxseed tea.
Prussic acid (hydrocyanic acid, cyanid of potassium)	Emetic, artificial respiration. Stimulants.
Sulphuric, nitric, hydrochloric and phosphoric acids	Magnesium, whiting, chalk, limewater, washing or baking soda, milk, white of egg, soothing drinks, stimulants.
Alkalies (ammonia, caustic soda, caustic potash, lye)	Vinegar, lemon juice and water, acetic, citric or tartaric acid. Follow with milk or white of egg.
Arsenic, paris green, "rough on rats," Fowler's solution	Emetic, combine tincture of chloride of iron with ammonia. Give the precipitate. Soothing drinks, milk, flaxseed tea, barley water, white of egg, castor oil.
Atropin, belladonna	Tannic acid, strong tea or coffee. Artificial respiration, stimulants.
Chloral	Emetic, strong coffee. Artificial respiration; stimulants. Keep patient awake.
Corrosive sublimate	White of egg; milk or flour and water; stimulants.
Iodin	Emetic; boiled starch or flour paste. Soothing drinks; stimulants.
Opium, morphine, laudanum, paregoric	Emetic; strong coffee or tea, tannic acid; dilute solution of potassium permanganate. Artificial respiration. Stimulants. Keep patient awake.
Phosphorus, matches, rat and roach poison	Emetic; small amount of oil of turpentine in water. No oil. Stimulants.
Lead, sugar of lead	Emetic; epsom salts.
Silver nitrate, lunar caustic	Common salt and water.
Strychnin, nux vomica	Emetic, tannic acid; artificial respiration. Stimulants.
Ptomaine poisoning (spoiled food)	Emetic; castor oil; stimulants.
Poisonous plants; jimson weed, mushrooms, deadly nightshade, tobacco	Tannic acid; strong tea or coffee. Artificial respiration. Stimulants.
Gas, coal gas, carbon monoxide	Fresh air; artificial respiration.