

## A GUIDE TO MEDICAL AND SURGICAL NURSING.\*

### CHAPTER VIII.—WOUNDS (CONTINUED).

THERE must be no tension, to avoid which a drainage tube is generally used, and an attempt is seldom made to heal the *whole* of a large wound by first intention, part of it being left for the insertion of a drainage tube. Rest is essential, and a good condition, not only of the patient, but of the Ward in which he is placed.

When healing by first intention is not possible, it is hoped that it may do so by *granulation*. A granulation is a loop of capillary, covered over with an infinite number of epithelial cells, nourished with blood-vessels, and these grow till the whole surface of the wound is covered by them. When the edges, or flaps, of a wound are brought together, and it is allowed to heal by granulation, there is always a certain danger; arising from the fact that granulations do not grow on all tissues at the same rate; those on the muscle and bone do so much more slowly, so that the wound healing more quickly on the outside, it sometimes happens that an abscess forms in the interior. After a wound has granulated, *cicatrisation* takes place. This is the process of healing, and consists of a growth of epithelial cells, which form first at the edge or at any other part where there is whole skin, and gradually extend over the surface until it is "skinned over." There are some wounds which never heal in this way; with these it is necessary to have recourse to skin grafting.

This is what a healthy granulating wound should look like. The surface should be smooth, velvety, bright crimson in colour. It should be tender, but not painful; sometimes it bleeds a little. The edges should be level—under certain circumstances they are faintly blue. The surrounding parts are soft and healthy. There is always a discharge of pus from a granulating wound, which, when not too abundant and healthy, is of great value to it. Healthy pus, or *laudable*, as it is called, should be of a creamy consistency, not fetid or ichorous, by which it is understood to be thin and acrid.

The less interference a healthy granulating sore undergoes the better. It is generally treated with a water dressing, or ointment, which is perhaps to be preferred of the two, as it comes off more easily, and a water dressing continued for any length of time is apt to weaken the granulations.

### ULCERS.

An ulcer is the result of ulceration, which is destruction of tissue. Mr. Syme, the celebrated

\* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

surgeon, used to divide ulcers into three classes: (1) Sores prevented from healing by *deficiency of action*, as weak, callous, or indolent ulcers; (2) Sores prevented from healing by *excess of action*, as the irritable or inflamed ulcer; (3) Sores prevented from healing by peculiarity of action, which may be local, general, or constitutional. The first class of ulcer usually makes its appearance on old or weak people, whose occupation leads them to stand much on their feet. You will see in such a case the granulations protuberant, the edges will be frequently overhanging, cold, and stiff. There will be a thin, watery, and excessive discharge, but no pain. The treatment of these ulcers usually consists in pressure by careful bandaging, and especially by the use of elastic bandages, and stimulation. The patient is kept in bed, with the limb raised, and stimulating washes, such as gallic acid, nitrate of silver, black wash, &c., are applied.

In the callous, or *indolent ulcers*, which come under the first class likewise, you will find no appearance of granulations. The edges are much raised and thickened, giving the sore the appearance of having been hollowed out. Some serum will exude, but very little discharge, and that of a bad fetid odour. These ulcers are often accompanied by disease of the kidneys, and occur chiefly in the labouring poor, who are exposed to the influence of cold and damp. They are best treated by being stimulated with blisters, which must be applied with caution one after another till the edges are destroyed. There should be perfect rest, and a change of diet is also very desirable. The fœtor arising from these ulcers may be overcome by carbolic acid lotion used by means of the spray, though as this is sometimes absorbed, and the kidneys affected by it, great attention should be paid to the state of the secretions.

The second class of ulcers, such as the *irritable or inflamed ulcers*, which do not heal from excess of action, are generally to be found among rich people, or those who live well, and are produced by good living and little exercise, and are more easy to treat than the former class. The patient is very irritable, and suffers an amount of pain quite disproportionate to the size and general appearance of the sore, which is not often larger than a fourpenny piece, and consists of a red spot, without edges or granulations, which does not increase. The treatment of these ulcers consists mainly in outward applications, such as nitrate of silver, and great attention to general health, more particularly as regards diet, which should be the reverse of what it has hitherto been. These inflamed ulcers sometimes lead to hospital gangrene, of which I will speak more presently.

The third class of ulcers may be divided into

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