

Practical Points.

The Use of Pure Animal Wool in Medical and Surgical Work.

Mr. Norman Porritt, M.R.C.S., Consulting Surgeon to the Huddersfield Infirmary, contributes to the *British Medical Journal* an interesting article on the use

of pure animal wool in medical and surgical work, to which his attention was first drawn by a wool stapler, for whose child he had ordered a Gamgee jacket.

Mr. Porritt points out that cotton wool is not wool, but cotton, a purely vegetable fibre. The value of woollen garments in cold weather is well recognised, and in hot climates flannel is more comfortable than cotton, and is also used by athletes, who would find themselves encased in wet, cold, clinging garments while exerting themselves, and chilly when resting after exercise, if clothed in cotton. To put on a Gamgee jacket is to imitate a cricketer or athlete who clothes himself in cotton. The application and removal of the Gamgee jacket are the work of the nurse, and the ordering of it is all that comes within the province of the doctor. If the doctor could see a Gamgee jacket removed from the chest of a perspiring patient, who is perhaps taking diaphoretic medicine, he would find the inside of the jacket a wet, sopping mess. The cotton Gamgee prevents the transudation of vaporous perspiration, but animal wool allows the more ready escape of vaporous perspiration, whilst the comfort of the patient is infinitely greater.

Mr. Porritt also recommends the use of this wool for patients about to undergo major operations, as a means of diminishing shock. He says: Although after the operation hot-water bottles outside and hot saline solution inside the patient promote the return of vitality and warmth, their use savours of shutting the stable door when the steed has gone, or, to be more precise, of putting into a body heat which ought not to have been allowed to escape from it. It is much more difficult to get warmth into a cold or chilled living body than to maintain the heat already there by means of warm wraps and non-conducting materials. We must remember also that in prolonged operations the long anaesthesia lowers bodily temperature, and this should spur us to omit no precaution, however trivial, which will conserve the bodily heat of the mutilated patient. Operating tables with hot-water beds, to minimise shock, have been devised, but I have no experience of them, and I make bold to say that the use of animal wool goes far to make them unnecessary. The usual practice is to envelop the patient in a Gamgee jacket or suit, but animal wool is a heat retainer with which cotton Gamgee cannot compare, and when the lowering effects of the anaesthetic and the operation cause cold, clammy perspiration to exude, Gamgee tissue retains it, and then becomes something of a refrigerator.

In every abdominal or serious operation, Mr. Porritt envelops the patient in animal wool. It is also, he says, useful in other cases of shock, as in burns and bad smashes, where there is defective

vitality, as in immature babies and feeble old folks. It is best applied warm. The warmth is grateful to the patient, and any lingering damp is driven out of the wool. A suit of this wool is a great protection if worn for the first few critical days after the operation, and, if kept clean, is ready when sterilised for another case. It is more expensive than woolly cotton, but as it is not necessary to use so thick a layer, the difference is not so great as it appears. In private work the extra cost is not worth a moment's thought, whilst in hospital, if made into garments with flannel foundations, secured by buttons and tapes, the material can be used several times at less cost than the more perishable Gamgee tissue.

The wool is stocked by Messrs. Down Bros., under the name of "Thermo-laine" (heat wool).

The Nurses' Journal of the Pacific Coast gathers together no end of useful practical points. This is good:—Of special value to the obstetrical nurse who attends to the baby's flannels herself is this receipt for washing wools of all kinds: To 1 quart of water add $\frac{1}{2}$ cake of "Ivory" soap and 1 tablespoonful of borax. Boil until soap is dissolved. Allow to cool, as this process is entirely cold. Use enough of this soap jelly to a basin of water to make a good lather and soak the flannels in it for twelve hours. Rinse in cold water.

"E. D. D." writes: While I was caring for a patient suffering from thrombosis, the physician ordered the leg to be wrapped in cotton and bandaged. I found the process of unbandaging and rebandaging every day for the leg to be examined, very tiring and painful to the patient.

The wife suggested what I found to be an excellent plan. We took a piece of cheese cloth about five feet long and eight or nine inches wide, and tacked the cotton evenly and securely on the inner side.

Raising the leg we enveloped the foot, pinning the cheese cloth in place with safety pin, and with about three turns wound it around the leg up to the hip to the great comfort and ease of the patient, who no longer dreaded the daily removal of the bandage.

This method could be used on patients suffering from inflammatory rheumatism or phlebitis.

Delirious, insane, and nervous patients so often pull their hair undone after it is braided, and if rather short it hangs round their faces to their great annoyance. I find that by taking a long piece of narrow ribbon or tape, doubling it and starting up near the head, braiding it down with the hair like a Chinaman does his queue, tying the two ends around the end of the braid, that it is almost impossible for the patient to pull it loose.

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