

healing will be prevented, and the ulcerative process will extend unless this is done. Supposing, however, that by means such as we have described, or by others which will fulfil the same end, the affected surface is relieved from pressure, it then becomes important to keep it perfectly clean, and by means of poultices or such other methods as the doctor may direct, to get away the dead tissue or slough. Until this is done, no healing process can take place. The removal of the slough will leave a smaller or larger cavity of raw surface, sometimes extending—in the case of the back—down to the covering of the bones of the spine. To this, various healing appliances are necessary, so as to stimulate the growth of the granulations, and so close the wound. When it is remembered that so long as any part of the wound remains unhealed, there will be a discharge of pus from the new growing flesh, you will understand how important it is that these wounds should be kept absolutely clean.

There are various forms of gangrene, but they are explainable by the general causes to which allusion has already been made; and however large a surface may be affected, the principles of their treatment and their progress are strictly analogous in degree to that which has been described as occurring in a bed sore. For example, when the fingers or toes of elderly people take on what is known as senile, or dry, gangrene, become purple and black, mortify, decompose, and, finally, if the patient lives long enough, drop off, or are removed by the surgeon, the progress and processes are the same, as in the formation of a slough anywhere else.

There are certain complications of wounds which it is necessary to briefly explain. They can become *inflamed*, that is to say red, hot, and painful, from the increased flow of blood to the part under the conditions which have been explained in a previous lecture. When this occurs, the temperature of the patient generally rises; in other words, there is a certain amount of associated fever. In wounds which do not heal for a long time, there is always the possibility that the conditions which have been described in the last lecture as Hectic and Lardaceous Degeneration, may be induced, from the continual and exhausting flow of pus from the wound.

Another disease connected, as a rule, with wounds is that which is known as *Septicæmia*, or *Pyæmia*, so termed, formerly, in the belief that the pus from such cases actually circulated in the blood itself; and both being known under the popular name of "Blood poisoning." They are, invariably, associated with an unhealthy condition of the body generally, and often occur in cases where abscesses exist without any free exit for the pus.

(To be continued.)

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



THE Meeting of the Executive Committee, held on Friday, May 4th, at 5 p.m., was, after two hours' work, adjourned to Friday, May 11th, in order to complete the business. Her Royal Highness the President was present, and Sir James Crichton-Browne took the Chair.

At the adjourned Meeting of the Registration Board, held on Friday, May 4th, at 4.30 p.m., the following Nurses were duly enrolled upon the "Register of Trained Nurses," in addition to those whose names were announced last week:—

Mary Johnston.	Certificate Middlesex Hospital.
Annie Hickman.	" " "
Sarah Cross.	" " "
Florence Finn.	Certificate Guy's Hospital.

On and after Friday, the 18th inst., all communications relating to the Association should be addressed to 17, Old Cavendish Street, W.

DAISY ROBINS,
Secretary and Registrar.

PRACTICAL POINTS ON THROAT, NOSE, AND EAR CASES.

BY MR. RICHARD LAKE, F.R.C.S.

LECTURE II.

The lecturer mentioned that the idea of the laryngoscope, which had done so much to improve the knowledge of diseases of the throat, was due to the well-known singer Garcia, who, wishing to understand the action of the vocal cords during singing, experimented upon himself with mirrors. The lecturer described the present instrument and the method of its use, and reminded Nurses that in preparing the room for the examination of a patient, all brushes, the tongue depressor, etc., which might be needed, should be placed on a table by the side of the operator so that no delay need take place in obtaining those that were wanted. Every instrument used should be most carefully cleansed before and after being used, and in the case of phthisical or syphilitic patients a brush should always be kept distinct for each patient's use. The methods of treatment of the diseases of the larynx consist of "painting" by means of a brush or cotton wool; "insufflation" or the blowing in of powders by means of an instrument devised for that purpose; and "sprays," which have been already explained. In painting the larynx, a few drops of the fluid required should be poured into a watch glass. It is a good rule never to dip the brush into the bottle of fluid because by such means this may easily be made a source of infection for other patients. It is very important to observe that the brush or cotton wool is firmly fixed to the holder before introducing it. Sometimes applications to the throat cause very violent spasmodic coughs or great shortness of breath. For such an accident the use of strong smelling salts is often a very valuable remedy.

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