or other wound where hæmorrhage is severe. A knowledge of the location of the main arteries in the limbs and the points at which pressure is effective in controlling the flow of blood is therefore highly important.

In cleansing a lacerated wound the surgeon will remove shreds of disorganized tissue, as well as all foreign materials. An abundant supply of pure sterilized water, with the addition of some antiseptic, is an essential in the primary dressing of these wounds. The different methods of different surgeons in the technique of such operations cannot, however, be given a place here. The principles are the same: arrest the hæmorrhage; cleanse the wound; make the wound aseptic if possible; secure immobility of the part; place the wounded part in the position easiest for the patient; provide for free drainage when it is evident that there will be sloughing or when it is apparent that fluids will be found in the wound; and protect the wound from the admission of septic germs from without.

Incised Wounds.—These wounds are made, as the name indicates, by a sharp, cutting instrument. Strictly speaking, such incisions must be accidentally made. The incision purposely made by the surgeon is not a wound. Incised wounds are attended by gaping, bleeding, and pain, in addition to shock, swelling, etc. The gaping of an incised wound is due to the retraction of the elastic tissues divided, and varies with the particular tissue involved in the wound. Skin and muscle are most elastic, and when these structures are divided there is the greatest degree of gaping. There is, however, a vast difference in the elasticity of skin in different localities; as a general rule it is most elastic when thinnest. There is also much less gaping when muscles are divided longitudinally than when they are severed transversely.

The amount of hæmorrhage from an incised wound depends upon the vascularity of the part and the size of the vessels that are divided. Incised wounds of the face always bleed freely, because the tissues in that locality are so richly supplied with blood vessels. The position of the wound also determines to some extent the amount of hæmorrhage, and the nurse may often take advantage of this fact in her efforts to check the bleeding. Thus a wounded foot or hand will bleed less if elevated.

The degree of pain attending an incised wound depends upon many circumstances. Some persons bear pain much better than others; indeed, some are far less sensitive to pain than others. Those tissues best supplied with sensitive nerves are most painful when cut. The general condition of the patient has also much to do with determining the amount of pain. Bryant has well said: "Unexpected or unseen wounds, or wounds received during drunkenness, or when the mind is intent on other things, as in the excitement of battle, are often unfelt, or felt but slightly; whereas, when the mind of a patient is fixed upon the performance of an operation, the evil influence of anticipation aggravates his sufferings." The nurse who has the management of a person before an operation, and realizes how intimately associated are pain and shock, will do well to take a hint from this idea of keeping the mind intent on other things.

In the treatment of an incised wound, when no tissues have been actually cut away, the aim of the surgeon is to secure immediate healing or union of the divided tissues. This is called healing by first intention. When for any reason this cannot be secured, the wound must heal, if at all, by the slower process of granulation, or "second intention." If there be any dirt or other foreign matter, or blood clots, it must be thoroughly cleaned out and the cut surfaces brought into close and accurate apposition. But before the opposing surfaces are fixed together by suture or otherwise, the surgeon must see to it that all bleeding is effectually checked. For the purpose of arresting hæmorrhage from small vessels there is nothing better than hot sterilized water, followed by pressure. Of course the rules of asepsis must be rigidly observed in cleansing and dressing an incised wound.

For holding the divided surfaces in apposition until healing takes place, we have several means at hand. The chief of these are the suture, the adhesive plaster, and lacing. There is a large variety of sutures as well as of suture material, but it is safe to say that in surgery the interrupted suture with the plain square or reef knot is more commonly used than all others combined. It is applicable to deep as well as to superficial wounds, and by it the edges of a wound may be brought into accurate coaptation. When wire is used for the interrupted suture, the ends are simply twisted together until the proper degree of tension is secured, or a perforated shot may be slipped over the

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