

those where the peculiarity of action is local, such as *varicose ulcers*, and those where it is constitutional. When speaking of the circulation, I shall allude to the cause of varicose veins, so will only add here that the cause of the ulcer is the breaking up of a clot in the veins, which, suppurating and opening, forms a wound, which always heals with great difficulty. The patient should have entire rest, with the limb raised, and should wear an elastic stocking, or be carefully bandaged three times a day, so as to give equal pressure.

Strumous or *scrofulous ulcers* depend upon a scrofulous condition of the constitution, and are generally situated about the glands of the neck, groin, and axilla, and wherever lymphatic glands exist, and are usually treated with iodine and stimulating applications; some surgeons scrape the ulcer and dress with powdered boracic acid. An endeavour should be made to improve the general health by means of cod liver oil and a nourishing diet.

I must caution you, as Nurses, never to speak before a patient of *scrofula* or *scrofulous sores*, &c., as it implies a condition of health in which no permanent improvement can be expected; and it being a word of which nearly everyone understands the meaning, its use is calculated to cause extreme pain, whereas you will find it rare that a Hospital patient knows what *strumous* means.

There are a great variety of constitutional ulcers into which it is not needful here to enter. The treatment consists usually in poulticing, free opening, and stimulants. Iodide of potassium and cod liver oil are frequently ordered.

We come now to the last stage of inflammation, *gangrene*, or visible death of the part affected. There are two kinds of gangrene. In *moist gangrene* the limb dies suddenly, with all its juices and life in it; in dry, or senile gangrene, it withers and shrivels up. If a line of demarcation form, it is a good sign, as it shows that the mischief has stopped. Nature generally removes the dead limb by a process of ulceration; but amputation is sometimes performed afterwards, in order to obtain a better stump.

It is very important for a Nurse to know how to distinguish between an extensive and livid bruise and gangrene. In both cases *blebs* or *bullæ* are apt to form; in a bruise these are full of pus or serum, and are fixed; in gangrene they are filled with air, and the whole cuticle, having lost its adhesion to the cutis, they are movable. Gangrene generally commences at the fingers or toes, and spreads up the limb with intense pain and fœtor. The coldness and numbness of the limb is also a distinguishing characteristic. In dry gangrene, a patient may live for some time,

as there is no absorption of poison as in moist. If the gangrene should proceed, as it sometimes does, from too tight bandaging, the bandages should be cut off at once, and the limb wrapped up in cotton wool. Equal temperature of limb, and equal circulation of the blood, should be aimed at. No stimulants should be administered at first, but the diet should consist of milk, rice, &c.

In cases of gangrene, the same precautions should be taken with regard to the isolation of the patient and the carrying of infection by Nurses, &c., as have been advised in other infectious disorders.

THE RED CROSS.

* * * We have much pleasure in acceding to the request of American readers, and republishing here the following characteristic and most interesting address given by Miss Clara Barton, President of the American National Red Cross, before the International Council of Women, held in Washington, March 25 to April 1, 1888.

THE organisation of the Red Cross is the result of an international treaty known among nations as the "Treaty of Geneva," and has for its object the amelioration of the conditions of that class of persons who, in accordance with the customs of mankind from the earliest history to the present, have been called to maintain the boundaries of nations, and even national existence itself, by human warfare.

Whether well or ill, needful or needless, that nations and boundaries be so preserved, is not a question for me here to consider. That they have been and mainly are so preserved, that no better method is yet consummated, and that, in the progress of humanity, the existing countries of the civilised world have seen fit to enter into an international treaty for the betterment of the conditions of those subjects or citizens, who, by their laws, are called to the performance of this duty, are facts which I am here to state. This international treaty of 1864 commences with the neutralising of all parties in their efforts at relief. It brings to the aid of the Medical and Hospital Departments of armies the direct, organised, and protected help of the people. It goes through the entire category of military medical *régime*, as practised up to its date; makes war upon and plucks out its old-time barbarities, its needless restrictions and cruelties, and finally, in effect, ends by teaching war to make war upon itself.

By its international code all military Hospitals under its flag become neutral, and can be neither attacked nor captured. All sick and wounded

[previous page](#)

[next page](#)