

Pot. Permanganate Gauze.—Cut and fold gauze as previously mentioned, boil in a 3 per cent. Sol. Pot. Permanganate, wring dry, roll tight, and store in antiseptic sterile jars. This gauze is especially useful in cases of gangrenous or sloughing wounds, as it acts as a deoderizer.

Bismuth Gauze.—Cut and fold gauze as before, boil in 1 per cent. Salt Sol., wring dry, rub into the meshes the following emulsion:—

R Bismuth subiodid ʒ xi.
Glycerine ʒ vii.

roll tightly, and store in air-tight sterile jar. This gauze is splendid for dressing ulcers, irritating skin diseases, and any wound where a cooling application is desired.

All gauze should be destroyed after using.

PROTECTORS.

All gauze dressings should be well protected, (1) to absorb all discharges; (2) to prevent dust from the outside entering; (3) to prevent the entrance of bacteria; (4) to protect the wound from outside violence; (5) to keep dressings moist. The following protectors are mostly used:—

Absorbent cotton, plain, sterile, and medicated.
Lambs wool.
Oakum.
Rubber tissues.
Rubber adhesive plaster.

Absorbent Cotton is cut in desired sizes, folded in towels, and sterilized by steam pressure. If medicated it is first soaked in an antiseptic Sol., such as Bichloride 1 in 1000, Carbolic Acid 3-5 per cent., Salicylic Acid 1-2 per cent., then all moisture is wrung out, and it is placed in the oven or a hot air sterilizer until dry. Plain absorbent cotton is used in cases of emergencies, or in private practice.

Lambs Wool is sterilized in the same manner as the cotton, but is not used medicated.

Rubber Tissues or Oil Silk are usual to protect the gauze, and to keep it moist. They should be washed in an antiseptic sol., and changed at each dressing. Rubber tissue is a splendid material for drainage, and frequently used.

Adhesive Plaster is mostly used as a supporter and as a protector. In cases of laparotomy it is strapped across the abdomen to support the abdominal wall, and keep the edges of the wound accurately connected. It is also used as a bandage when a large bandage is not desired, and is then cut in small straps and applied over the dressings in the shape of a star. Adhesive plaster should be removed quickly, and the skin washed with alcohol or ether, then powdered over.

(To be continued.)

Army Nursing Notes.

The Imperial Yeomanry Hospitals, which have done such good work during the war, have now been taken over by the Government, and in their final reports the chief medical officers have kind things to say about the Sisters. Captain Turner, commandant at the McKenzie's Farm branch, at Maitland, writes:—"Of the Sisters there is little more to say than that they have one and all done their work as they should, and have ably upheld the high standard of their profession. I am certain that the excellent results we have had have been to a large extent due to their devoted work."

It is natural that a feeling of disappointment has been aroused in the medical profession on account of the fact that whereas the names of the Director-General of Ordnance and the Quartermaster-General of the Forces both appeared in the recently published list of honours for service in South Africa, that of the Director-General of the Army Medical Department was conspicuous by its absence. As the Royal Commissioners in their report expressly acquitted him of any blame in regard to the hospital service, the *Lancet* cannot understand it, and says that the unwisdom of such a partiality at the present time is obvious. The *British Medical Journal* does not mince its words, but states bluntly that the omission is part of a deliberate policy of slighting the importance of the medical service of the army.

We do not agree with either of these journals, and cannot exempt the Army Medical Department from blame for the deplorable lack of organization for the care of the sick and wounded in the South African war. The attitude of this department has, for years, been one of blind and intolerant prejudice against progress and reform in matters medical. Certainly its futile attempt to ignore trained nursing, as a valuable factor in medical treatment, has resulted in a wholesale loss of life from disease during the present war.

The present Director-General, well meaning man as he may be, has no excuse for the manner in which he has ignored suggestions and protests made by responsible persons in reference to details of Army Nursing Reform. And we presume that it was not without his consent that the Army Nursing Service Reserve Committee was appointed, and composed of persons without either expert knowledge, experience, or right to assume such a responsibility.

That the War Office sanctioned the

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