Gelatine Dressings.

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Gelatine dressings have not been employed by the profession generally so much as their merits deserve. Not only has the profession at large not realised their value, but some dermatologists are not yet familiar with their range of usefulness; yet for certain conditions, surgical and dermatological, it is impossible to over-estimate their advantages. The chief reasons for their delay in replacing ointments, lotions, or other simple dressings in many cases are the trouble they give in preparation, the special knowledge required in the selection of suitable cases, and the technique necessary for their successful application.

When Unna introduced medicated gelatine dressings to the profession several formulæ were published. My own experience (now extending over twelve years) has led me to adopt one, viz.: Zinc oxide, gelatine, glycerine and water, in the proportions of one, two, three, and four in the order mentioned. The gelatine is soaked for a few hours in part of the water, and then all the ingredients are mixed, with aid of heat, and managed afterwards precisely as glue. This mixture, when freshly made, is of the right consistency; but, of course, if it has been kept for many weeks, and, especially, if it has been heated several times over, it will require a little water to be added from time to time to keep it sufficiently thin for use. Occasionally, when I have prescribed this formula, I have been told that the druggists have stated that the mixture could not be made up—one druggist treated a medical friend of mine to this ignorant statement some time ago. However, fortunately, I met my friend in consultation over the patient for whom I had prescribed it, and, as we proceeded to apply the gelatine, I noticed that it felt sticky and did not set firmly as I expected. The druggist told me, on inquiry, that he had added more glycerine than I ordered, because he felt sure that the gelatine would not otherwise dissolve. "It could not be done"! This annoying experience shows how readily a good remedy may fall into disrepute. This man had made a preparation that was not only useless, but one that would probably have proved to be an irritant, had it been employed. A good plan is to have the "zinc gelatine" made and cut into small cubes or blocks, like white sugar, and kept in a box or wide-necked bottle, well corked. If sulphur or other adjunct is to be used, it can be added to the required proportion, and the whole heated in a jam-pot placed in a saucepan of hot water. If sulphur be always employed in the material kept in stock, the latter will have a greater tendency to grow fungus than if that ingredient be omitted. So striking is this fact as to suggest that sulphur may be a good manure, no matter how antiseptic some of its compounds are known to be. I never saw this point more clearly shown than when a colleague of mine, Dr. Schwengers, in Dr. Unna's laboratory in Hamburg, carried out some experiments with ringworm fungus on various medicated cultivation-media. While a minute quantity of calomel and many other antiseptics absolutely checked all growth, the fungus flourished, and seemed the better for it, when a little sulphur had been added.

Having our zinc-gelatine ready to be heated and applied, our next points will be to decide upon the kind of case likely to be benefited greatly by it; how it should be applied to the best advantage, and how we are to proceed with the management of a given case. We get a clue to the kind of case likely to be benefited by considering what are the characteristic features of the gelatine compound. Gelatine is absorbent, and, like blotting paper or other substances capable of diffusing moisture, it also allows rapid evaporation. It is, therefore, a drying and a cooling dressing, not hot, or even warm, as some might imagine, and, indeed, have supposed it to be. So cooling is it that we must keep this fact in mind when employing it over the whole trunk or large areas of skin, and, therefore, have blankets or warm shawls ready for our patient's use—especially in cold weather—soon after the application has been made. The dressing is flexible and elastic, and, therefore, much more comfortable than plaster for tender surfaces liable to movement or friction and when employed with suitably thin bandage or cotton-wool it will adapt itself to any inequality of surface better than plasters, and prove fairly durable. Another great advantage it possesses over plasters is that it does not cause itching, chafing, or formation of troublesome pimples. Such advantages at once suggest a great range of usefulness in surgery, as for sprains and fractures, and for many cases where dressings affording permanency, protection, and comfort are specially desirable, as, for example, fractured ribs or clavicles in restless or delirious patients, and many such cases in children, to prevent accidental or wilful displacement of bandages. Such dressings can, moreover, be partially cut away and readily patched, supposing they have become saturated with discharge or otherwise rendered unfit for use. Nothing is simpler than their removal by hot water (not hot enough to distress the patient) with or without scissors. Sometimes blunt-pointed scissors can be easily inserted under the edge of the dressings, which can then be cut and removed without the application of hot water. When about to remove the dressing or apply it, the temperature in each case should be tested on the back of the operator's own hand before trying it on the patient's skin.

The main details to be attended to in the employ-

previous page next page