

For the surface of a wound which has become septic before the Surgeon sees it, chloride of zinc watery solution appears to me without a rival. It is thoroughly reliable as a most efficient germicide, and, as Watson Cheyne says, "It has the remarkable property of preventing putrefaction in a wound for some time after an operation; sometimes, indeed, until granulation is nearly complete." Therefore, if for any reason an operation cannot be performed in an aseptic manner from first to last, I almost always wash it out before finally covering with this solution.

Of the second, perchloride solution, carbolic acid 1-40, iodoform, and salicylic cream are those I find mainly useful; boracic ointment in the later stages. Perchloride solution one in one, two, or three thousand parts of boiled water, or diffused through wool, cotton wool, wood wool, or jute, in the strength of 1-500, is perfectly safe if used to maintain parts originally free from germs in their aseptic condition. Used as a solution, it keeps the parts bathed whilst dressings are changed or flushes out any pockets or sinuses in the wound. Diffused through the various wools or gauzes, it provides us with dressing which, so long as they are not soaked through, are efficient barriers to the entrance of bacteria into any wound. The objections to its use are that occasionally it has been followed by salivation, that it turns all steel or silver instruments black, and that it discolours sponges.

Carbolic acid 1-40 is also a very useful fluid with which to wash out a wound, or sinus. It keeps instruments and sponges aseptic, whilst not acting upon them so as to alter their colour. Diffused in gauzes or wools, it forms very useful dressings. Its drawbacks are that dressings containing it sometimes irritate if kept too long in contact with the skin, producing an eczematous rash, and some patients are very susceptible to it, whilst now and then poisoning by carbolic acid has been seen, the urine becoming dark, almost black, and the patient comatose.

The second class contains the greater number of agents, and those most constantly required. These are—

**CARBOLIC ACID.**—1 to 10 of oil; 1 to 40 watery solution; diffused through gauze. Acid Carbol., 1 part; Resin, 5 parts; Paraffin, 7 parts; diffused through an equal weight of gauze.

**PERCHLORIDE OF MERCURY.**—1 part in 1,000, 2, 3, or 5,000 of water. Corrosive Sublimate, 1 part in 100, or 1-10 of serum; diffused through gauze. 1 part in 200, or 500; diffused through wood-wool or cotton-wool.

**BORACIC ACID.**—1 part in 25-30; a saturated solution in water, as lint dipped in a boiling solution; as ointment, Ac. Borac., 1 part; White Wax, 1 part; Paraffin, 2 parts; Almond Oil, 2 parts.

**SALICYLIC ACID.**—Equal parts of Acid Salicyl. and Glycerine; as Salicylic cotton, 3-10 per cent.; as Salicylic silk or jute, 3-4 per cent.

**IODOFORM.**—As powder, mixture with ground coffee, which covers its odour.

**IODINE.**—In watery solution the colour of sherry (Bryant).  
**PERMANGANATE OF POTASH** (Condy's Fluid).

**EUCALYPTUS OIL** (Thymol).—Mixed with Paraffin and Resin, and diffused through gauze in the proportion 1 to 666.

**FLUOSILICATE OF SODIUM** (Salufer).—Saturated solution.

**SANITAS.**  
**SULPHUROUS ACID.**—Equal parts of Ac. Sulphuros. and water or Glycerine.

**ACETATE OF ALUMENA.**—2½ per cent. in water (Maas).

Iodoform in powder is very necessary in some cases, such as those which are in or near the natural openings of the body. Besides, it is almost specific in its action upon wounds which are tainted with any of the forms of the venereal poison. In the former case, it is almost impossible to so apply the ordinary gauze or wood-wool dressings in such a way as to permit the natural function of the part, and at the same time to perfectly exclude all air except that which has filtered through the dressing. You will remember that in our last lecture air was shown not to be harmful if filtered through some close fibred material, such as cotton wool, as in Klein's experiments. Here iodoform fills a very necessary place. It should be freely dusted on several times a day, so that the part is never allowed to be free from it. Its drawbacks are its smell, which is very offensive to some, and very occasionally it appears poisonous to some constitutions. Salicylic cream is also immensely useful. It is smeared over the edges of wounds, and on the skin around for some distance. More especially it will be required in wounds about the axilla, groin, mid-rectal region, and toes, where, even with the most careful bandaging, small openings may be left between the skin and the dressing. Also, it will protect the skin around admirably when the discharges from the wound or ulcer are acrid from any cause.

Boracic lint is used when the skin is very irritable, or when there is a special tendency on the part of the patient to show symptoms of poisoning by either carbolic acid or sublimate. The ointment is also extremely useful when the stage of granulation is reached in any open wound.

None of these dressings—except sometimes the iodoform powder and boracic ointment—should actually touch the raw surface; that should be protected by some impervious material, as gutta-percha tissue, oiled silk, or fine mackintosh, which is dipped in 1-20 ac. carbol., just before application. In using all these things, there is one thing most to be avoided, and that is routine. If antiseptics are not used intelligently, and with a clear idea of what they are to do, they had much better be left alone. I have seen a Nurse told to keep a wound dusted with iodoform, who has

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