


Medical Matters.

ASEPTIC SURGERY.*

DRESSINGS.



To my mind, says Mr. C. E. Lockwood, the essential qualities in the dressings are sterility and dryness. Working at St. Bartholomew's and elsewhere with a number of different assistants and Sisters, I use plain sterilised gauze, double cyanide gauze, iodoform gauze, and alembroth. For many aseptic cases plain sterilised gauze is now being used. Double cyanide gauze and wool are used for a proportion of aseptic cases, as well as for the septic. For some of the latter iodoform gauze is used. But, as regards the various dressings, I cannot detect any difference in the healing of the wounds provided a layer of silver foil is put next to the skin. If silver foil were not at hand, I should prefer to use plain sterilised gauze and a layer of plain sterilised wool.

This layer of silver foil is supposed to retard the growth of the skin bacteria; next, it helps to exclude air infection; and, lastly, it separates the antiseptic dressing, if such a one be used, from the wound. It is exceedingly hard to trace the line of a wound which has been covered with silver foil because the skin edges are so entirely devoid of redness.

The original Listerian dressing was completed with an outside dressing, which consisted of a layer of waterproof jaconet and eight layers of gauze. The purpose of this outside dressing need not be referred to, but there can be no question but that it has of late fallen into disuse. At some nursing homes I have been told that I am the only surgeon who uses an outside dressing. Now, it may be conceded that the dryness of aseptic wounds has done away with one of the main objects of the outside dressing. Moreover, a large layer of impervious jaconet may be hot and uncomfortable, and, by preventing evaporation, be calculated to favour the collection of perspiration and the growth of skin bacteria. But in some cases these disadvantages are far outweighed by some very solid advantages. For instance, the triangular scrotal dressing which I first described to this Society in 1896 is not only comfortable but likewise secure, and since its use a suppurating

* From the Lettsomian Lectures by Mr. C. E. Lockwood, F.R.C.S.

scrotal wound has been almost unknown. It is true that this result has been attained with the aid of systematic drainage, but that would be risky unless an outside dressing was used to prevent the escaping blood from becoming infected from the exterior. In the radical cure of hernia, especially inguinal, it is difficult to prevent the exposure of the wound, and I should despair of doing so without the aid of a very well-fitted and securely-fixed outside dressing. It would be easy to adduce a number of inguinal and scrotal wounds in which the outside dressing had prevented the wound from being soaked with urine.

After laparotomy another danger has to be guarded against. Owing to the anæsthetic and the nature of the operation vomiting is a frequent complication. During vomiting the contractions of the abdominal muscles are extraordinarily violent, and special precautions are needed to prevent the access of air to the wound, and hence an accurately fitted and fastened outside dressing becomes a wise precaution. In hot weather it can, if necessary, be easily dispensed with after the first forty-eight hours. But nowadays it is unusual to hear any complaints of discomfort, and the skin is hardly ever found reddened, much less blistered. For similar reasons an outside dressing is of use in amputations of the breast and about the root of the neck. During vomiting, coughing, and breathing there is a strong probability of the entrance of air into the wound unless special precautions in the shape of an outside dressing be taken. Those which I use are all cut to pattern and carefully fitted and fastened with straps and buckles. They are afterwards secured with bandages which are sewn on or reinforced with strapping.

THE PLAGUE IN SOUTH AFRICA.

It is disquieting to learn that the plague in the Transvaal in the present outbreak is of the pneumonic variety, not bubonic. It is more contagious than the bubonic form, and even more deadly. According to the *British Medical Journal*, "plague has existed in Cape Colony for some four years, and although in no town or district, except, perhaps, Port Elizabeth, has plague assumed any considerable proportions, yet the continued presence of the disease in both men and rats in several towns of Cape Colony and in Durban, Natal, rendered the possibility of a serious outbreak, either within the infected area or in adjacent towns or cities, an ever-present cause of anxiety."

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