

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS MAY BE ADOPTED TO MINIMIZE THE DANGER TO THE PATIENT, IN THE CASE OF A WOUND WHICH HAS BEEN EXPOSED TO INFECTION?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, S.W.

PRIZE PAPER.

Our first precaution must consist of removing infected micro-organisms from the wound and surrounding skin. In order to do this the nurse must cleanse the wound thoroughly but gently. To cleanse a wound caused by a rifle bullet, for example, warm sterile water should be used. The wound and adjacent parts should be washed (always wash away from the wound) with clean lint or wool, never using the same swab twice. A dressing of hydrogen peroxide may be applied, and left in contact with the wound for about five minutes, and then it may be finally dressed with aseptic gauze, wool, and a bandage. This method is only one of many, and is merely given as an example, most surgeons will inform a nurse of any method they prefer. But the use of very strong antiseptics is not only unnecessary but harmful, as it causes necrosis and subsequent sloughing of the tissues. Iodine is sometimes used to clean very dirty wounds.

The great danger to the patient consists in the formation and absorption of toxins. All bacilli, or micro-organisms, manufacture toxic substances to a greater or lesser extent, and it is the aim of preventative medicine to limit the toxic output as much as possible.

In a healthy person the introduction of a toxin into the circulation, general or local, immediately causes a corresponding output of anti-toxin. The white corpuscles, Leucocytes, are capable of absorbing the invading micro-organism (this process is known as Phagocytosis) under normal conditions. But supposing the wound is very severe, and has caused a weakening hæmorrhage, or that any cause, *e.g.*, undue fatigue and exposure is present in the person wounded, the leucocytes will be weak and inactive, and the invading germ will grow and feed upon the damaged tissue. If its multiplication is still unchecked, the blood stream will become infected, and septicæmia, pyæmia, and glandular abscesses from toxins in the lymphatic glands will ensue. To prevent these untoward results, we must do everything in our power to increase the resistance of the patient. He must have fresh air, warmth, light, nourishing food, plenty of water to drink, clean surroundings and intelligent

nursing. The wound will be dressed in a suitable manner, pus being drained off. The bowels must be kept well open, and the teeth and mouth should also receive great attention. Even simple wounds may delay to heal if toxins are being hourly absorbed from carious teeth and foul gums. Where a wound has been exposed to any particular infection or the risk of such, vaccine can sometimes prove of use. Tetanus anti-toxin is occasionally given when wounds have been dirtied with soil or road dust. A polyvalent anti-toxic serum known as "I. K.," or Immune Substances, has a wonderful curative effect in many septic cases. It has a pronounced effect in strengthening the patient's resistance by increasing the amount of anti-toxic and anti-lytic materials in the circulation. It is especially useful in wounds where neglect and dirt have produced an erysipelatous condition.

Wounded patients require great care and tenderness in nursing. They are liable to suffer from shock, and from "unstrung" nervous systems. If they have been through the horrors of a battle their whole being must be more or less affected, for the time anyway. The nurse who can interest and amuse without boring, who can tempt a dainty palate with well cooked attractively prepared dishes, and who can use the tremendous force of suggestion to induce a hopeful, healthy frame of mind, will do much to bring her patient through.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss Dorothy Maton, Miss Ména Bielby, Miss Dora Vine, Miss A. Musto, Miss Una M. Dodd, Miss Harding, Miss B. Evans.

Miss A. Musto writes:—"The cleansing of the wound should be done with distilled water, and by means of a douche. I object to disinfectant solutions, as, if they are strong enough to be of any real use, they have a marked tendency to cause sloughing at the edges of the wound. I find by means of the douche the wound is thoroughly irrigated and cleansed with the least possible pain to the patient. The can should not be hung higher than two feet above the patient, and the flow should be properly regulated. At a pinch, on the district, I have often got one of the patient's friends to hold up the can. After thoroughly cleansing the wound I should dress it with sterilized dressings.

QUESTION FOR NEXT WEEK.

What do you understand by shock, and what can you do to combat it?

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