

## MEDICAL MATTERS IN FRANCE.

The special correspondent of the *British Medical Journal* in France has contributed to its pages an exhaustive article on Red Cross work in Paris. From much that is interesting we publish the following notes:—

### TETANUS AND GANGRENE.

"Two diseases which modern surgery has almost abolished from civil life are to be seen in Paris at the present moment. They are tetanus and emphysematous traumatic gangrene, which is commonly going by the name of 'gas gangrene.' The wildest rumours have been current in regard to both of them, and until the end of the War it will be practically impossible to form any satisfactory estimate of the extent to which they have contributed to the gross mortality. At present the views expressed even by those who are really in a position to form an opinion vary very greatly; each man judges according to his personal experience in his own hospital, or from the figures relating to one or more hospitals which have come under his official or other observation.

"Some seem disposed to see a direct and essential connection between the two diseases, a slight attack of gas gangrene reducing the oxygen contents of the tissues and making it possible for the tetanus bacillus to multiply in the system. . . . Some observers on the other hand assert that the prevalence of tetanus has been purely due to the character of the country in which the greater part of the battles during the past month have been taking place. They assert that the soil of the Aisne Valley has long been well known to contain many more tetanus bacilli than does most soil."

Most satisfactory is the statement that the military authorities both of Great Britain and France seem very fully alive to the needs of the situation. Our own Army Medical Department sent out supplies of anti-tetanic serum at the beginning, which is being very freely used both prophylactically and therapeutically.

"Its use at first was restricted to cases in which tetanus had either already developed, or in which, for some reason or other, its onset was deemed likely, but it is now being used prophylactically in a more general way. An experienced serum worker is stationed at the rail-head, with instructions to give a prophylactic injection to every wounded man, and in order to avoid any case being overlooked, the surgeons lower down the line are directed to inquire as to whether an injection has been made, and if not to make one themselves. At the French hospitals it appears to be the rule

now to give a prophylactic injection as soon as a patient arrives. Should any operation be undertaken, a lumbar injection of anti-tetanic serum appears to be part of the ordinary routine.

"The reports as to the therapeutic value of anti-tetanic serum are not very satisfactory, but there is reason to believe that its prophylactic use is of considerable value.

### "GAS GANGRENE.

"As for 'gas gangrene,' the impression left upon my mind is that the extent to which this has prevailed has been considerably exaggerated; on the other hand, there is no doubt whatever that a large proportion of wounds are septic. It would be strange if it were otherwise, seeing that shell wounds which commonly cause large breaches of surface predominate, and that many of the men have been wounded while wearing under-clothing which they have not changed for days and weeks, and a large proportion of them after standing or sitting in wet trenches for many hours. Moreover, the fact that there has often been considerable, but inevitable, delay in getting down the wounded from the front to a base hospital may have counted for something. I put things in this way because in the public mind this delay accounts for everything—that is to say, both for tetanus and for gas gangrene. It could not account for tetanus, and it could hardly account entirely either for septicity or gas gangrene. In any case, I have seen patients whose wounds have healed almost by first intention, though they have assured me that their first-aid bandages were soaked through and through with blood, and remained so for days before they were changed. On the other hand, I have been given an account of a case in which signs of septic infection were noted by a skilled observer as early as ten hours after the receipt of the wound.

### "SEPTIC WOUNDS.

"In regard to the treatment of ordinary septic wounds, free irrigation appears to be the general rule, while in the case of large breaches of surface treatment by vaporized tincture of iodine appears to be favoured by many. Hydrogen peroxide is also being employed. I have heard of no treatment for gas gangrene which seems to be markedly effective. Driving streams of oxygenated air over the wounds has been proposed, but I have not yet had an opportunity of noting its effect, if any."

Nurses nowadays, thanks to the teaching of Pasteur and Lister, rarely see septic and gangrenous wounds, at one time the terror of surgeons.

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