

the patient dying from exhaustion in forty-eight hours or less, in spite of treatment. Careful, conscientious nursing is most necessary to avoid collapse, which is the great danger.

Pain must be alleviated and warmth and strength maintained. If medicines are rejected, hypodermic injections of morphia must be given, while diarrhoea is checked by enemata of starch and laudanum.

Counter irritation may be kept up by friction with the hand, or mustard and turpentine fomentations over abdomen.

Stimulants, such as brandy and ammonia, must be given if the patient shows signs of sinking.

Raw meat juice freshly made may be given in spoonfuls, with sips of boiled water.

During convalescence, which presents many points akin to typhoid, the greatest care must be taken to adhere strictly to diet ordered. The mouth and tongue are usually very foul, and must be cleansed before and after food most religiously.

All dejections from the patient must be at once disinfected with a solution equal in quantity. Sulphate of zinc or copper is the best. Clothes, linen sheets and blankets must all be soaked immediately on removal from patient in a disinfectant solution. All articles and eating utensils should be kept exclusively for the patient, and later destroyed.

All water used should be boiled. During an epidemic every preventive restriction and regulation must be adhered to, the food being carefully guarded. Personal precautions are:—Never to take food in patient's room; rinse the mouth out well before eating; take a daily disinfectant bath if possible. Take nourishing food, avoid acid drinks and unripe or overripe fruit likely to cause diarrhoea, avoid exposure to cold, damp clothes, and wet feet. Remember the pores of the skin, the lungs, and the alimentary canal of a patient are all possible sources of infection, and those channels should be protected from attack in oneself as vigorously as can be managed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. Evans, Miss A. Phipps, Miss S. Simpson, Miss D. Maton, Miss F. Sheppard, Miss M. Robinson.

Miss Amy Phipps mentions that to combat the drainage of fluid from the tissues it is generally accepted that saline injections, continuous, intravenous, or per rectum, hold the first place.

QUESTION FOR NEXT WEEK.

Mention the varieties of vomiting in young infants. What do they usually indicate?

THE WOUNDED IN THE WAR.

SOME SURGICAL LESSONS.

Mr. D'Arcy Power, F.R.C.S. Eng., Surgeon to St. Bartholomew's Hospital, Lieutenant-Colonel R.A.M.C. (T.F.), attached to the 1st London General Hospital, contributes an interesting article on the above subject to *The Lancet* of November 7th, in the course of which he says that "It seems clear that the most frequent sources of infection are the skin of the patient or some subsequent contamination. It is certainly not due to the clothing, for in several cases pieces of shirt or puttee were removed from wounds which had healed soundly, and which had been reopened on account of the pain they had caused."

In some cases, where the skiagram showed that the bullet had been extensively comminuted and numerous fragments were distributed widely in the tissues, it was thought better to leave them untouched if they were not causing any trouble. In like manner, no extensive operations were undertaken to remove foreign bodies from the chest. By the time the patients arrived in England the wounds had healed—apparently without suppuration. When one side of the chest contained fluid it was treated as an empyema by drawing off the blood-stained serous exudation, a portion of rib being removed and drainage employed if the temperature rose or the pleural cavity re-filled. It was noticed that most of the operations undertaken for the removal of bullets suppurated for a few days, but never dangerously. The operations were performed with the usual precautions, and were nursed in the wards by fully trained hospital nurses, so that the suppuration was not attributable to any failure of surgical or nursing technique. It was soon considered advisable, therefore, to isolate patients requiring such "clean" operations as removal of torn internal semilunar cartilages, and after this precaution these cases uniformly did well. Amputations at this period were rare, and there were no deaths.

The cases have become more severe as the battles were fought nearer England. Gangrene due to an anaerobic organism has occurred in several cases. Early operation has been performed with success, and the very great value of a free application of a 2½ to 3 per cent. solution of iodine in rectified spirit has been determined. A few cases of tetanus with a long incubation period have occurred, but the majority of the patients affected with this terrible disease have not come under our care, as they have been treated at the stationary hospitals.

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