

Rupture of the drum membrane may result apart from the impact of a blow on the head. Colonel Louis Legarde, in his work on "Gun-shot Injuries," published this year, remarks: "Rupture of the membrana tympani is often noted as a result of reverberations from firing of cannon and the explosion of shells. Rapid displacement of air in the vicinity of detonating ammunition is offered as an additional cause." Such conditions are accentuated in the case of modern high explosives, especially when the explosions occur in confined spaces, such as forts, barbettes, and the like. I have very recently seen an instance of the terrible effects of high explosives in a confined space in the case of a soldier lying wounded in the foot in the ward of a hospital that was shelled. It is a striking illustration of the results of German refined "kultur." Exploding shells killed the men in the beds on either side of him, and left him stunned and bleeding from both ears. He sustained ruptures of both drums. One healed without trouble, the other suppurated, but from the time of the shell explosions he has been completely deaf, and has not even the sense of sound left to him. He is condemned to perpetual silence for the rest of his life.

In such cases the concussion disorganises with more or less completeness the delicate specialised nerve endings of the auditory nerve, and it is to be expected that such cases will be numerous in the present war.

Another class of case which will probably occur fairly frequently is that known as "gun deafness." This, which is well known amongst musketry instructors who pass many hours on the range, is akin to the so-called "boiler-makers' deafness," and consists in a gradual degeneration of the auditory nerve endings under the continuous influence of repeated concussions. Plugging the ears with a mixture of fibre and wax, and the chewing of a piece of rubber between the teeth, will tend to diminish its occurrence.

THE TREATMENT OF WOUNDS IN WAR.

Last week the *British Medical Journal* published the Remarks of Sir W. Watson Cheyne on the Treatment of Wounds in War in opening a Discussion at the Medical Society of London, on the 16th inst. The remarks of the President of the Royal College of Surgeons on "The Risks of 'Asepsis'" should be read and digested by nurses.

THE RISKS OF "ASEPSIS."

"To exemplify the carelessness which is not uncommon in the treatment of wounds, I could

entertain you for the rest of this meeting in telling you the quaint things which are done by those engaged in operations, and the constant opportunities which are afforded for the entrance of bacteria during an operation, and the crude ideas which are abroad as to 'asepsis' and 'sterilization.'

"I saw an operation the other day; everything had been sterilized, a dry sterilized towel was spread out on a table, the boiled instruments were turned out on this towel, and were then arranged by a nurse, who did not wear a mask. Something excited her attention, two other nurses came up, also unmasked, and the three became agitated, all bending over the instruments and talking at the same time; people were coming and going, and at least twenty minutes elapsed between the time that the instruments were turned out and the commencement of the operation. Were they still aseptic? and yet the surgeon comes in completely booted and spurred, innocently picks up a knife, and goes on with the operation. Is it any wonder that that surgeon has a good deal to say about catgut, silk, and so-called stitch abscesses?

"I am always very suspicious of so-called sterilized towels and swabs, especially in work in private. They are often placed in a sort of potato steamer for a few minutes, an apparatus which would take hours to cook a potato, and therefore if I do not know the nurses, I always order the towels to be boiled in a pan for half an hour, and not touched before I arrive. Well, in one case nurses were sent out from a large aseptic hospital who were said to be fully trained and most excellent. They received my instructions about the towels, and on my arrival I found a very small, poky room with very few dishes in it (not the palatial apartments in which some of my more fortunate *confrères* are accustomed to operate). I looked about for my towels, but could see no trace of them. I therefore called the nurse and asked her for them. She lifted the lid of the commode, and there were my aseptic towels, reposing at the bottom of the nightstool—another source of *coli* infection of wounds which is worth remembering.

"A fresh instrument is wanted during an operation, or an instrument falls on the floor. It is popped into some boiling water and presented to the surgeon 'sterilized' within a minute! and so on.

"A surgeon is doing an intestinal anastomosis, clips away mucous membrane, rinses his scissors in some salt solution, leaving the tags of mucous membrane and portions of feces in the basin, and when his hands become sticky, rinses them in the basin repeatedly

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