

tion, and that no surgeon who has any self-respect left, or who is not in his dotage, would ever think of using them. When they are confronted with soiled wounds, such as occur on the field of battle, they do not know what to do or how to proceed, beyond painting the skin with iodine and covering the wound with a piece of gauze. The consequence is that the bacteria get a firm hold on the tissues before any means which might have been efficient in the first instance can be adopted. Hence the results which Lister obtained with compound fractures at the very beginning of his work fifty years ago, and which he continued to obtain subsequently, are not being met with in the present war.

"The answer, then, to the question, Why do practically all wounds in the present war become septic? is threefold: (1) Because there is often long and unavoidable delay in collecting the wounded and commencing treatment; (2) because the wounds may be very large and complicated, and almost impossible to disinfect thoroughly; and (3) because in a good many cases no attempt is made to disinfect these wounds, or, if it is made, it is utterly inefficient."

Sir W. Watson Cheyne gives advice on the Disinfection of Wounds and their treatment in the present War, on the choice of a disinfectant, their misuse, on dressings, drainage, irrigation, and the removal of missiles. Of dressings, he says:—

DRESSINGS.

"As regards dressings in these cases, of course aseptic dressings are not only useless, but injurious. The septic discharge soaks into them and decomposes there, and the dressing simply becomes a septic poultice which poisons the wound. Antiseptic dressings are rather better, and in small wounds do well enough, the dressings I use being cyanide gauze next the wound, with salicylic wool outside. But in large wounds the pus does not take up enough antiseptic to stop the decomposition entirely, and I am not at all satisfied with large masses of dressing over a wound. To pile dressings on septic wounds, whether these dressings do or do not contain antiseptic substances, is only to revert to the old methods of two or three centuries ago, which have been long since and quite rightly discarded.

"I believe that in these bad septic cases the less dressing you apply the better, and my experience is that as regards dressings, it is best only to lay a few layers of antiseptic gauze over the wound to prevent it being soiled by the clothing or blankets, and to apply boracic fomentations and change them frequently."

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A PATIENT SUFFERING FROM MENTAL SHOCK?

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

PRIZE PAPER.

My first duty in nursing a patient who is suffering from mental shock, is to remember that all my treatment and care must be threefold, because such a patient is suffering from injury to body, soul, and spirit. Briefly, a nurse's work in such cases is to try to help the threefold nature of the patient to regain its equilibrium. Putting out of consideration the special treatment the doctor will of course order for each individual case, the nursing care will be something as follows:—

(1) *Body*.—The patient is physically ill, and is suffering from what one may term a sudden jarring of the vital machinery. Just as in other machinery, it would be necessary to have complete rest, so that the parts should be put right, so here the body must have rest. In these cases rest must be a relative term; some people cannot endure lying down in a darkened room, when some mental shock has unnerved them, and yet this is precisely what other patients may need. I should therefore use my judgment, and try to obtain the desired object in the quietest way. If there is no physical wound or actual surgical injury, I should (unless the doctor gave orders to the contrary) allow the patient to move about if movement seemed to give relief, and I should try to soothe minor pains, or headache, carefully, however, avoiding fussing.

All treatment directed to the relief of *bodily* conditions must be given quietly and gently. I should avoid everything that would enlarge the impression that things have gone wrong. It is such a great thing in nerve cases to create a *normal* atmosphere. By talking in one's ordinary voice, and doing the obvious everyday duties, many patients can be greatly helped by the nurse, while fussiness defeats its own object.

(2) *The mind*.—This of course is the chief object of one's care, and I should try to suit my actions to my patient's temperament. The mind must rest—how, must depend on many things—the patient—the nurse—&c. If the patient has had a great mental shock of a distressing nature, and can speak of it, do not forbid this. If what one dreads and fears is carried out into the open, one loses one's fear, and so here I should let the painful topic be frankly mentioned (otherwise the patient will certainly brood in secret!), and then I should

[previous page](#)

[next page](#)