

OUR PRIZE COMPETITION.

GIVE A CLASSIFICATION OF WOUNDS. DESCRIBE THREE OF THE CLASSES NAMED.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmary, Lisburn Road, Belfast.

PRIZE PAPER.

A wound, technically defined, is a solution of continuity of any of the tissues of the body, but when the term "wound" is used without qualification, it implies that the skin or mucous membrane is divided, and that external hæmorrhage has occurred.

Wounds may be caused by incisions with cutting instruments, punctures with pointed knives, lacerations with blunt crushing instruments, or by gunshots.

The methods of treating wounds will vary according as to whether they are made during an aseptic operation, are caused by accident, or are already infected with micro-organisms.

(a) *Operation Wounds*.—These are made with aseptic instruments, through prepared skin, and should remain aseptic during the whole process of healing. If it has been possible at the time of the operation to bring the edges of the skin together, and they do not subsequently become separated by suppuration or gangrene occurring, the wound heals with a minimum of scar tissue. This method of healing is called healing by first intention, and it is the aim of the surgeon to get all his operation wounds to heal by this method.

Healing by first intention is completed in about ten days. In cases in which the skin surfaces cannot be brought into apposition, or where subsequently suppuration or gangrene has occurred, causing separation, a large amount of scar tissue is formed, and the wound is said to heal by second intention, or granulation.

(b) *Accidental Wounds* are made with surgically dirty instruments, possibly through surgically dirty clothes and surgically dirty skin. Very often actual visible dirt is ground into them, and it may be taken as an axiom that any large accidental wound is infected with organisms at the time it is made.

First-aid Treatment of Accidental Wounds.—Hæmorrhage must first be arrested, and asepsis should be carried out as far as possible. It should be remembered that everything at hand—the fingers, handkerchiefs, rags, water, &c.—will probably be septic, while the tissues wounded are aseptic, and it will be seen that nearly everything applied to wounds is likely

to cause harm. The ideal dressing would be a sterilised one, but this is little likely to be at hand, and as a substitute any freshly washed linen can be used. If the bleeding has ceased and a large cake of coagulated blood covers the wound, this should not be removed, as it forms a good aseptic dressing of Nature's providing.

An exception to not washing wounds is made in those cases in which earth—particularly garden soil—is found in the wound. This should be washed away, as it frequently contains the deadly tetanus bacillus, which, if not removed, may cause death in a few days. Before washing such a wound some weak antiseptic should, if possible, be added to the water, such as spirits of wine, and the surrounding skin may be cleaned with a little turpentine.

(c) *Infected Wounds*.—A wound may already be infected, before it comes under treatment, with organisms, such as the streptococcus and the staphylococcus, which causes it to suppurate, and it is then said to be septic.

The edges of the wound will be red and swollen, healing will cease, and there will be a constant discharge of pus. The patient's temperature will be raised, and he will show signs of poisoning by the toxins of the organisms. Septic wounds may either be operation wounds, or accidental wounds in which aseptic treatment has not been carried out or has failed.

An infected wound should be dressed with the same aseptic precautions as are used for dressing aseptic wounds; a septic wound might also be infected with the tetanus bacillus, and lock-jaw result. In dressing infected wounds the principles of asepsis should never be transgressed, and above all, the nurse's hands must be thoroughly washed before and after each dressing. Septic dressings should never be touched with the fingers, forceps always being used; and if the nurse has to dress both septic and aseptic cases, indiarubber gloves that can be boiled between each dressing are valuable adjuncts to asepsis, as the hands are kept from actual contact with septic material.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. B. Owen, Miss E. F. Clark, Miss E. Messenger, Miss H. M. Thirlby, Miss H. Ballard, Miss L. C. Cooper, Miss M. Liebert, Miss F. Sheppard, Miss M. Punchard, Miss J. Simmons, Miss P. Robinson, Miss E. M. Streeter, Miss E. O'Shea.

QUESTION FOR NEXT WEEK.

What are the most frequent sites of tuberculous disease in children? What can nursing do to prevent it?

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