## SHELL WOUNDS.

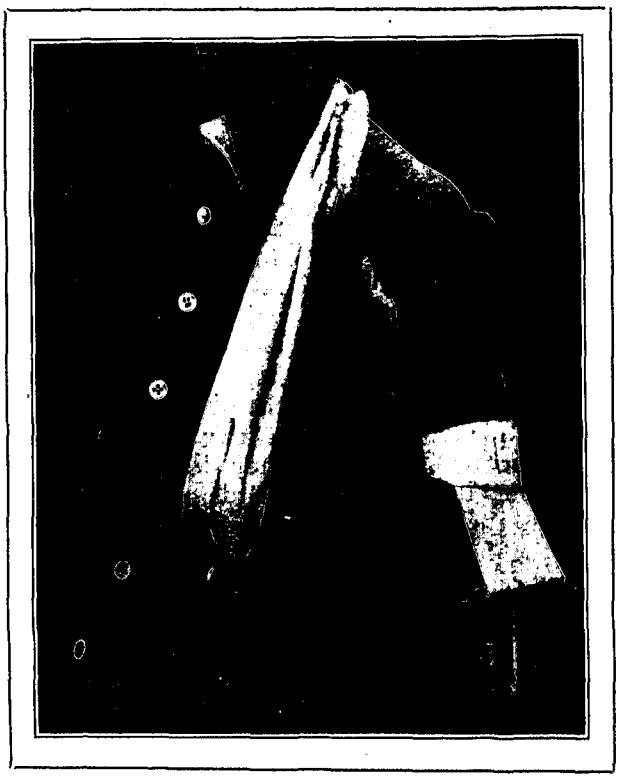
Lieut.-Colonel A. W. Sheen, R.A.M.C. (T.F.), F.R.C.S. Eng., officer commanding the Welsh Hospital, Netley, writing in *The Lancet* on "Some Experiences of Shell Wounds in the Present War," says :—

It takes but little experience of shrapnel and other shell wounds, which when they get to hospital are almost always infected, to realise that the best thing to do is to leave them alone —that all aggressive surgery is a mistake, that foreign bodies *per se* do no harm, and that the laying open of fresh tissue areas is to be avoided. Amputations are unwise, simple removal of any nearly dissociated parts being sufficient, even if ends of bone are left protruding. If a previous formal amputation has been performed there is almost always free suppuration and flap retraction, with the necessity for re-amputation later.

The best treatment is the boracic fomentation assiduously and properly applied; the lint should be wrung as dry as possible out of really boiling water, put on in at least two layers, amply covering the wound and adjacent parts, well overlapped in its turn by the mackintosh, fixed so as to avoid displacement and permit of easy changing, and changed as often as every two hours in badly infected cases. There is no particular virtue in the boracic acid, but the pink colour of the lint emphasises its special use.

Where there is a wide wound, locally very foul, but with no spreading or general infection, antiseptic sawdust is a good dressing. When leaning over the bandage and smelling, there is not the offensive odour of other dressings, but only a fragrant smell. The sawdust is best applied over a single layer of sterile gauze laid across the wound. The corners of the gauze are then brought over the sawdust. The dressing should be changed at least twice daily. "Pinus sylvestris medicatrix" is an impressive name for the soldier. The use of gauze plugs, sterile or medicated, is wrong; they become intensely foul, and cork up discharge. Drainage tubes are only very occasionally necessary.

The employment of congestive treatment other than the fomentations—Bier's bandage or Bier's cup—should follow the usual principles of dealing with infected wounds. A high value is placed nowadays on peroxide of hydrogen, but I cannot satisfy myself that it has any special usefulness in these cases. It is very difficult to estimate the value of medications applied to wounds in removing infection and hastening repair, for cleansing and healing usually take place rapidly under congestion and natural processes.



EXTENSION SPLINT APPLIED IN COMPOUND SHELL FRACTURE OF HUMERUS.

Granulating and mildly infected wounds do well under sterile gauze wrung out of warm "parabolic" applied twice daily. Sterile wounds require a dab of tincture of iodine and a pad of sterile gauze daily or less often. Occasionally an obvious abscess requires opening, an ill-draining sinus enlarging, or a cellulitis incising. In the absence of constitutional disturbance it is well to wait for definite evidence of these conditions. Doubtful spots should not be incised if the temperature is normal.

The best procedure in ward dressings is as follows :—The "dresser" wears rubber gloves throughout, the lotion is warm "parabolic" 1 in 40, parabolic being one of the British equivalents of the German lysol. Between each dressing the gloved hands are washed in soap and water and rubbed with the lotion. Wool dabs are used in the lotion, gloved hands rinsed in it, and instruments kept in it. The whole process is simple and expeditious. Bare hands

previous page next page