

OUR PRIZE COMPETITION.

DESCRIBE DUODENAL FEEDING, AND HOW TO USE THE POLITZER BAG.

We regret that we are unable to award a prize this week, as competitors have missed the point of our question, and regarded it as concerned with the special diet required in cases of duodenal ulcer or intestinal disorders, whereas duodenal feeding refers to the method adopted when the duodenum is sound, but the stomach requires rest on account of ulceration, and, by means of a special weighted tube, passed through it into the duodenum, liquid nourishment can be introduced at will, while at the same time the stomach is given complete rest. In expert hands, this method is found to give very satisfactory results.

The Politzer bag is best known in connection with its employment for the dilatation of the Eustachian tubes. The method then employed is to introduce the tip of the nozzle, connected with the bag by a hard or soft tube, into one nostril. A competitor thus describes the procedure then followed:—"The tip of the nozzle being introduced into one nostril, the patient is then directed to swallow a sip of water; as he swallows, the bag is sharply squeezed and the air prevented, by the act of swallowing, from escaping out of the mouth or entering the respiratory passages, is forced through the Eustachian tubes."

But the Politzer bag has also other uses, and it is employed in connection with the stomach tube both in washing out the stomach (lavage), and also for the introduction of food through the same channel (gavage).

QUESTION FOR NEXT WEEK.

What is Anthrax? State details of nursing.

TREATMENT OF INFECTED WOUNDS.

Dr. J. O'Connor, Senior Medical Officer, British Hospital, Buenos Aires, advocates in the *Lancet* the following treatment for a wound infected with gas bacilli and streptococci. Free incisions, free drainage, frequent (three-hourly) irrigation with hot peroxide lotion (when feasible submersion in same liquid twice daily), to be followed instantly by liberal irrigation with 1 in 40 to 1 in 100 of hot carbolic lotion, and hot mercurial (1 in 2000) fomentations. This plan of attack has, he states, been derived from 24 years' constant study of the most desperate bemuddled wounds which the Great Southern railway engines and wagons could inflict, and he most confidently recommends its employment for the relief of wound infection at the base hospitals, combined with permanent outdoor treatment, champagne, and hypodermic injections of strychnia.

A NEW ANTISEPTIC.

Professor Landouzy, in a paper read before the Académie des Sciences, Paris, on August 4th, described a new antiseptic which has been tested at the Military Hospital, Compiègne, under the direction of Dr. Alexis Carrel, of the Rockefeller Institute, which destroys the septic agents in wounds without destroying the tissues. The Professor explained that the most powerful antiseptic known to science was hypochloride of lime, but that this had up till now been of no practical utility on account of the difficulty of preserving it and because of its acidity, which was injurious to human tissues. Dr. Carrel and Mr. Dakin had surmounted these difficulties by adding boric acid as a preservative and carbonate of lime to counteract the acidity. The new preparation had been applied to the most frightful wounds, with the result that within eight days their aspect had been modified in a way quite unknown under the old antiseptic processes. Cases of gangrene had been radically prevented at the very outset. Indeed, if the new antiseptic was applied in time, it was not too much to say that the infection of wounds might henceforward be considered impossible.

Professor J. B. Cohen, of Leeds University, writing to the *Times*, says:—

The new antiseptic, which has been so successfully applied to wounds in the French hospital established under the auspices of the Rockefeller Institute at Compiègne, was first introduced by Dr. H. D. Dakin, former student and graduate of the Leeds University, working in collaboration with Dr. Carrel, by whom it was experimentally examined. It is a solution of sodium hypochlorite, carefully neutralized with boric acid to remove the alkalinity and, to some extent, the irritant action of the original solution. It is very inexpensive and quite easily prepared. It rapidly dissolves away necrotic tissue and sterilizes the wound, which is nearly always badly infected. The antiseptic action probably depends on the separation of chlorine in the nascent condition.

Some of the materials which have been experimented on in the laboratories of Compiègne have been prepared for Dr. Dakin in the Leeds University laboratories, under the auspices of, and with financial assistance from, the Royal Medical Research Committee. Arrangements have also been made at the Leeds University for preparing the antiseptic in considerable quantity for use in the military hospitals in this country.

The value of such an antiseptic is evident. The important point will be its application at the earliest possible moment.

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