

nine nurses and six doctors, and greatly needs them. Shortly before coming home to England the *Galeka* got as far as Cape Helles, from where the wounded were brought aboard a few at a time in the evening, thus removing 400 sufferers to Malta from the Dardanelles. Twenty-one deaths occurred before reaching Malta from wounds and dysentery. Five Sisters have already died of enteric at Alexandria. We are glad to know that more Sisters are to go out on the *Galeka* when she returns.

An English Sister working in France writes:—

THE "SINUS DIFFICULTY" IN WAR NURSING.

In many hospitals for wounded in France, where the most extensive and serious wounds are cared for, the prevention of surface healing over a deep sinus calls for the greatest vigilance and experienced treatment on the part of the Sister.

For instance, in the case of a sinus perhaps 12 in. long, when an endeavour is made to save the limb, one has to consider not only the possibility of an abscess forming at its extreme end, but also the possibility of pockets of pus gathering in its course. Some, of course, can be opened up, but many, on account of the amount of tissue, nerve, &c., involved, cannot be so treated. The treatment is, of course, in many cases, carried out by the surgeon, but in a busy hospital this is often impossible. When gauze plugging—or, rather, draining—is the prescribed treatment, it is necessary to see that the gauze passes right

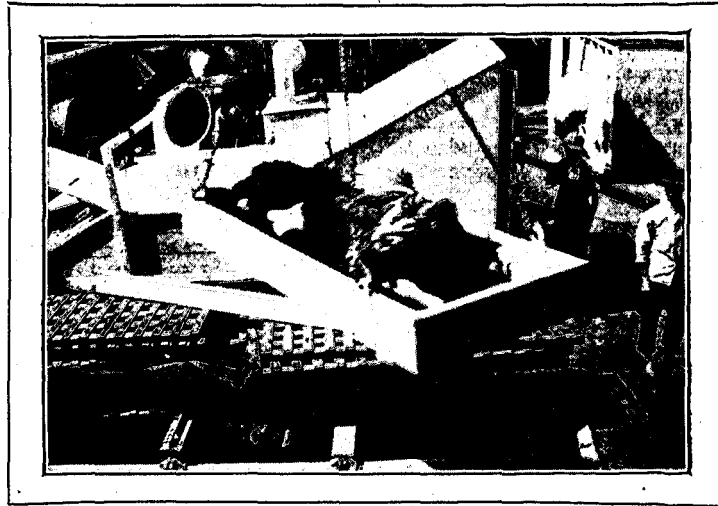
to the end of the sinus. As it nears the proximal end, the plugging should be doubled, to prevent a "falling in" of the sides of the sinus. The outlet should be kept as wide as possible, that the pus, serum, &c., may escape freely. Squeezing of the tissue around should be performed

cautiously as in many cases the pus is simply dammed back into the deeper tissues. This particularly applies when the part affected is, as is often the case, a joint, such as the knee. Drainage tubes are sometimes employed; these need to be lessened in size as soon as they fit tightly. Change of position, so that the leg can drain towards the outlet, is often of use, and in

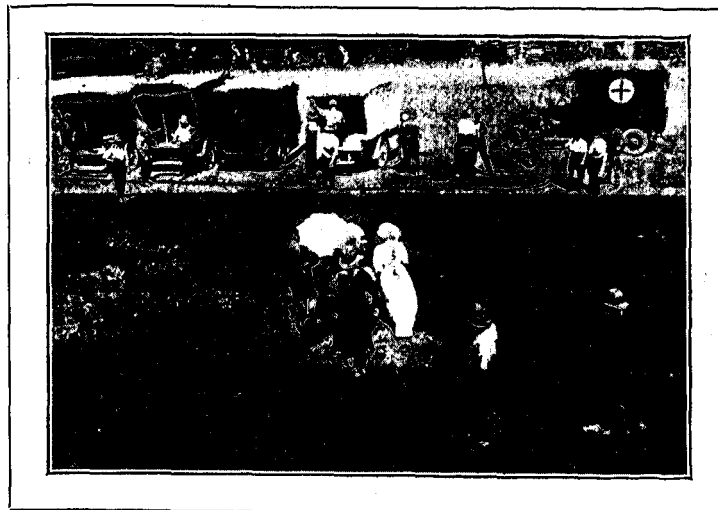
a few cases Bier's method is probably of some use. Injections of antitoxin serum (antistrepto- and antistaphylo-coccic serum) is impracticable, and probably of little use when the amount of sepsis

is so extensive. In many cases amputation is the only remedy to prevent death from septic absorption. Any rise in temperature, with less discharge of pus, would give rise to anxiety, but when the general condition is so lowered by exposure, &c., febrile reaction is often absent, neither is there usually increase of pain. In all cases the general condition needs to be raised to

as high a level as possible, that phagocytosis may be promoted as much as possible. Any symptoms causing a suspicion of the closing of a sinus anywhere in its course should be reported at once to the surgeon, otherwise the condition may cost the patient a limb.



BRINGING THE WOUNDED UP FROM LOWER WARDS ON THE *GALEKA*.



LANDING WOUNDED AT ALEXANDRIA.

[previous page](#)

[next page](#)