

NEW METHODS IN WAR WORK.

In considering the new methods of treatment in war hospitals one is in many cases brought face to face rather with the adaptation of many older methods and improvised materials to the exigencies of the singular work to be done; a work which is quite different to anything with which the majority of nurses had come in contact previous to the commencement of the war.

Here, although aseptic methods must be persevered with, to prevent any possible "mixed infection," they must of necessity be largely combined with antiseptics, on account of the large amount of sepsis which is present in most cases.

Some bullet wounds are comparatively clean, but in the majority of the large and extensive wounds, pus and sloughs are abundant.

For cleansing purposes, methods vary considerably, of course, according to the individual surgeon at work. Saline solution used as baths, irrigation, fomentations, and wet gauze dressings, are still largely used, and are attended by marked success for cleansing purposes, so long as such measures can be borne. It also has the advantage of being cheap and easily procurable. A knee bath and irrigator combined has been wonderfully improvised by a heavy zinc box with a window cut at the top and side and a large hole at each end through which the leg is passed; from each hole proceeds a "bag" of mackintosh, which is strapped tightly to the limb. From the lower end a drainage tube carries off excess of lotion into a bath at the bed side, whilst an ordinary irrigator suspended from the wall, and arranged over the bath, supplies a constant irrigation.

Similar to this, and less complicated in preparation, is the "Murphy drip," which simply supplies a continual irrigation to the wound, of whatever lotion is desired. Other lotions which are very successful in cleansing these dirty wounds include (a) a solution of chlorinate of lime, (b) a solution of hydrochloric acid and alcohol, (c) iodine and hydrogen peroxide (used alternately). Each of these are inexpensive and have had wonderful results in dirty, sloughing wounds. Chlorinate of lime has to be used carefully, as when the nerves are exposed a strong solution causes great pain.

During the hot weather the sun treatment of wounds was largely and successfully used. The patient was placed immediately beneath the sun's rays, the part being covered by a single layer of gauze, which was kept *always wet* with some lotion. Needless to say, as the sun worked round the patient was moved also, shade being provided for the face.

This treatment is supplemented or replaced by "light" treatment; a bulb containing light of fifty candle power is suspended to a cradle, and the light directed to the wound at a distance of 6 in. to 10 in.

Nerve suturing has been performed successfully in a large number of cases, notwithstanding the sepsis present. Sinuses have in some cases been

treated by oxygen introduced by means of a canula of the required length, thus reaching to the extreme end of the sinus. In treatment of amputations many surgeons are in favour of leaving no flap and applying no sutures, but simply allowing the already septic stump to granulate and heal over. This, of course, takes some time, but has excellent results in effecting a permanent cure. The bandaged stump is best covered with a bag made of jaconette. When finger-tips have been blown off, amputations are often avoided by applying dressings in the form of a tight finger bandage. It is a rather painful proceeding at first, but in many cases it has been the means of saving fingers. Any dressing can be cut and applied in this way.

A case within the writer's experience of a case of tetanus deserves mention. Oxygen was being administered, and on account of the mouth contraction the mouthpiece (which, by the way, was a sterile pipe end) hung loosely, and some oxygen escaped. The wound was of the hand, and the lad habitually had this hand, which was simply dressed with thin gauze, lying near the mouth. The wound healed with marvellous rapidity, presumably from contact with the free oxygen.

Many wonderful things are being achieved in the treatment of bone, amongst others that of bone-grafting. Resection of the rib is performed, and the bone used in small grafts to help to replace the bone in extensive face wounds. The dentist works with the surgeon, and in many cases very little loss of power or disfigurement results.

In the long bones, where part is shot away, the deficiency is made up by plating, leaving room for the callus thrown out to fill up the gap in the bone. In this way deformity is reduced to a minimum. Needless to say, each case needs treating individually.

In some war hospitals splints are made on the premises, and according to the particular needs of each case. Thus it is possible to get various inclined planes, both for splinting and for raising the limb. One very useful splint for knee or lower leg is a back splint with an adjustable foot-piece, raised from the bed at the foot by an attached wedge, and cut away somewhat at the inner top side, for hygienic purposes. This, used with two straight side splints, is both comfortable and effective.

For fracture of the lower part of the thigh the leg is often flexed at the knee over a suitable inclined plane, and extension applied, and later shut up in plaster.

A. P.

Canada, with superb generosity, has sent a gift of £10,000 for the Anglo-Russian Hospital at Petrograd. Thus it contributes for the upkeep of 100 beds for one year. Queen Alexandra says she knows how pleased her sister, the Empress Marie Feodorovna, will be to hear of this generous help from Canada.

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