

worked early and late. Amidst so much callous brutality shown to our prisoners, it is a relief to record this fact.

The generous treatment of German prisoners in this country has evidently only aroused contempt in the minds of the enemy, and the question of reprisals does not arise because it is not the British way to hit men when they are down, but the sense of burning indignation caused by the report is none the less deep.

Not only do the nations with whom Germany is at war, condemn her methods. Mme. Karen Bramson, the Danish writer, who has been conducting an impartial inquiry into tuberculosis among French prisoners now in Swiss sanatoria, declares that Germany will never clear herself by any sophistry of her disgraceful treatment of war prisoners.

This JOURNAL circulates round the world, and we hope its readers in every country will realize how absolutely imperative it is that a nation capable of such dastardly cowardice and brutality must be crushed under the heel of civilization.

WOUND INFECTION IN WAR SURGERY.

By MISS AMY PHIPPS.

I.—VARIETY OF WOUNDS.

Although a few wounds in war hospitals are found to be comparatively clean, in the large majority of cases, they are associated with established and diffuse sepsis. Especially is this the case where from necessity only the smallest amount of first-aid dressing has been possible; or where renewed dressings have been long delayed.

The bullet itself is not a septic agent, and when received from a point-blank discharge, with little tearing of tissues, and provided there is no injury to vital parts, the conditions are favourable for spontaneous healing.

On the contrary, a bullet which has ricocheted in its course, strikes the body with a much enlarged irregular surface, and so exerts strong pressure upon the tissues, with much tearing and bruising. Moreover, these bullets carry with them much septic matter, such as particles of clothing, soil, &c. Unfortunately, in the warfare of to-day, wounds from ricocheted bullets are very common, being estimated at about 35 per cent. of all cases. The effects of these wounds vary of necessity with the situation of the part affected, and its relation to other important tissues and organs.

The variety of wounds themselves may be considered according to degree thus:—

(1) *Contusions*.—These may be very slight, or may end in sloughing.

(2) *Erosions*.—These may be mere scratches, which dry up and leave no scar, or they may be deeper cutaneous abrasions, with contused edges. These heal quickly, but usually leave a scar.

(3) *Cul-de-sac Wounds*.—These present a blind track, more or less deep, and often ramifying in various directions. Frequently they contain the projectile which has caused the wound.

The cutaneous aperture is usually of smaller dimensions than the projectile, this forming one of the causes of deep-seated abscess formation, if the drainage is inadequate.

(4) *Setons*.—These are "through and through" perforations, and vary in severity with the size and shape of bullet, and situation of aperture caused by it.

(5) *Enfiladed Wounds*.—When the projectile has travelled a great distance down or up the body. For instance, when fired from above, the bullet may make a course from the neck to the buttocks, and again through the leg.

Many wounds of the soft tissues heal spontaneously, especially those caused by rifle bullets; in some instances, after extracting the bullet, and suturing the wound edges, primary union has been the result. Needless to say, these wounds need careful watching, and are only present in a small percentage of cases.

The majority of wounds may be considered as (1) relatively aseptic, or (2) decidedly septic. In the former case, the prognosis will be:—Slight suppuration along the bullet track, with slight swelling and hardening of the tissues; these gradually subside, the wound healing, leaving a cicatrice. In the latter case, a variety usually due to shrapnel, shell splinters, or deflected bullets, or where other septic agents have intervened, suppuration to a marked degree takes place; in many cases it is abundant; later becoming foetid; it is usually accompanied by tension and redness, the pus tending to extend and burrow.

Almost all of the large, extensive wounds run the above course. Where the bone is involved in any degree, the situation is considerably graver. Especially is this the case with joints, which readily become infected.

The amount of pain varies widely, small wounds penetrating a joint often causing far more pain than an extensive wound of the soft tissues only. Almost every wound in the first stages gives great pain on movement, hence the absolute necessity of skilled and careful handling. (To be continued.)

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