

**HONOURABLE MENTION.**

The following competitors receive honourable mention:—Miss S. Simpson, Miss Lucy C. Cooper, Miss Gladys Tatham, Miss J. G. Gilchrist, Miss Dora Vine, Miss Bertha Whiten, Miss E. E. Hall, Miss F. Shepperd, Miss Winifred Ridge, Miss M. Robinson.

**QUESTION FOR NEXT WEEK.**

What do you know about Venereal Disease? How would you help to stamp it out?

Miss Dora Vine, acknowledging the cheque awarded to her as a prize in a recent issue, writes:—"I am quite overwhelmed at getting the prize again. It comes at such a welcome moment, when my small fund for my Belgian patients' extras has practically died of inanition. Now I have been able to give three poor souls the extra milk they so much need."

**WOUND INFECTION IN WAR SURGERY.**

By MISS AMY PHIPPS.

**II. TREATMENT AND NURSING.**

(Continued from page 366.)

The general treatment of wounds is chiefly associated with shock, exposure, and any complications which may be present.

Anti-tetanic serum is now given as a routine practice as soon as possible after the patient has been wounded; beyond that, general treatment is largely occupied with nourishing and generous food supply, warmth, and rest in the first instance.

Local treatment must of necessity vary with the individual surgeons, and the general conditions and surroundings.

It is the writer's intention to deal with methods in vogue at the hospital near Verdun where this is written, and where many appliances are made on the premises to meet the special requirements. Here, as soon as possible after admission, every patient is examined under the X-rays, and detailed notes of case made. Only emergency operations are done without this procedure.

Any suspected gas gangrenes, or wounds connected with tetanus, are treated immediately with injections of  $H_2O_2$  round about the wound, and "gauze soaks" of the same are applied; the part is freely incised and good drainage established. Unless some improvement soon sets in, amputation, in the case of a limb, is usually necessary to save life. Strong lotions are seldom used; for cleansing purposes weak iodine or peroxide irrigations, either continuous or otherwise, are useful, though in the

majority of cases normal salt solution is used throughout.

This is often applied as a continual irrigation by means of "Murphy drips," the stands for douche cans being home made, and simply composed of a wooden upright on a wooden cross stand; or limb baths are used in connection with a continual irrigation, with great success. It is certain that these means have resulted in the saving of limbs with large and extensive wounds with diffuse suppuration.

The surrounding parts of all wounds should be shaved and kept as clean as possible; the wound itself at the first dressing may be sponged with alcohol to kill surface germs. Sinuses should be watched carefully, and allowed to heal from the bottom; when sloughing, they are sometimes cauterised with carbolic acid, pure iodine, or the thermo-cautery.

Lotions should be introduced to the bottom, and drawn up again before applying the dressing.

For sloughing wounds, chlorate of lime is very useful, but must not be used too strong, as it has been known to burn into the coats of adjacent vessels; eusol also is largely used, and is quite non-irritating.

Saline solution is non-irritating, and has the additional advantage of stimulating the flow of lymph in the part, and acts generally as a tonic to the tissues. It is often used in connection with sun treatment, the wounds being covered with an "always-wet" gauze dressing and exposed to the sun's rays.

Bur's bandage, for the production of artificial hyperæmia; Klapp's suction bells, where there is much inflammatory swelling. All treatment should be carried out gently, and with as little movement as possible, especially in the case of large wounds, and bandages should be chosen with this object in view.

The comparatively new treatment of paraffin wax has proved extremely useful for burns, and also for small wounds with practically no suppuration.

The wax is painted over a thin film of cotton-wool, at a moderate temperature. The results from its use in this hospital have been most satisfactory.

In many cases where there has been great tissue destruction, grafting has been extensively employed; muscle growth assisted by fascia grafts, bone replaced by grafts from healthy bone; nerve tissue by part of a vein, and so forth. Certainly never until the present time have such varied attempts been made to restore the broken human frame; and those attempts have been more than justified by the wonderful results.

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