

OUR PRIZE COMPETITION.

SAY WHAT YOU KNOW ABOUT WAR WOUNDS.

We have pleasure in awarding a prize this week to both Miss Wallis, Royal Infirmary, Sunderland, and to Miss L. E. Beeby, Q.A.I.M.N.S. (R.), Military Hospital, Frongsham Hill, Farnham, as we feel both papers will be read with interest.

PRIZE PAPER.

By MISS WALLIS.

War wounds fall roughly under three headings:—(1) Fractures; (2) extensive lacerated wounds; (3) miscellaneous, viz., bullet wounds, shrapnel, rifle or machine-gun doing little damage and leaving little trace, nerve injuries, burns, bayonet wounds, wounds causing secondary hæmorrhage.

1. War fractures are mostly compound and comminuted; they afford great scope for ingenuity in treatment, especially as regards splints; badly splintered fractures are troublesome and lengthy cases, sometimes requiring bone grafting, but more frequently constant small operations for removal of sequestra and fragments of shell.

Massage and passive movements play an important part in the treatment of these fractures, and particular attention must be paid to all joints to keep free movement and prevent drop wrist and ankle.

Fractures of the skull present different features to every other kind; paralysis, temporary or otherwise, of various functions, such as seeing, hearing, walking, speaking, &c., often follow; also fits. Cerebral hernia often follows removal of large fragments of bone. Gold and silver plates have been used to cover the exposed areas, but not with very satisfactory results, the weight in many cases being found insupportable; bone grafting has been found more satisfactory on the whole.

2. Extensive lacerated wounds caused by explosive bullets or bombs, though tedious, are in many cases easy to deal with, unless poisoned and very septic. When treated with mag. sulph. paste, which produces a profuse lymph lavage, they rapidly healed up to a certain point, when as large superficial wounds skin grafting can be performed. Many surgeons in these cases cut away at the commencement all loose damaged tissue, and draw the wound together, thus reducing the area at once. Mag. sulph. solution in the superficial stage is an excellent dressing; with it one gets

no exuberant granulations and a soft, non-adherent scar.

3. Miscellaneous must of necessity cover all war wounds which do not exactly fall under the two previous headings.

Bullets, when they avoid important organs and blood vessels, often do little harm, and the wounds are almost healed and often hardly noticeable after forty-eight hours. They play curious tricks at times: one man arrived in hospital quite blind, and could give no history of injury nor could any be observed; finally, on the head being X-rayed, a shrapnel bullet was discovered in the head, apparently having slipped in at the corner of the eye.

A ricochet bullet is another matter. The casing is often torn before entering the body, and a lacerated wound is the result; dirt and debris are carried into the wound in many cases, and sepsis and tetanus result.

Nerve injuries are numerous, a man often entirely losing the use of a limb, and when the nerve will not unite after operation it is often better to amputate and fit an artificial limb to the stump, as this is lighter and more useful than a practically dead limb. Every limb must be given a long trial before proceeding to extreme measures. In some cases a nerve may be suffering from concussion, and if the wrist or ankle is constantly supported and no overstretching allowed, will in time, with electricity and massage, gradually recover.

Bayonet wounds one seldom sees.

Burns when they reach a home hospital are not generally severe, and may be treated in the usual way.

Secondary hæmorrhage often occurs in cases where one least expects it, a small clean wound which is slow in healing perhaps, and then one day severe hæmorrhage. One such case occurred in this hospital. A Canadian was admitted as a walking case; he had a small, apparently, superficial wound on the upper part of left arm; as there was no foreign body in the arm it was thought to be a glancing wound. About ten days later, the left chest began to swell and became discoloured and painful; then severe hæmorrhage from arm wound. The patient was X-rayed as soon as possible, and a large piece of shrapnel discovered lying over the heart; a long incision was made, and the shrapnel removed, when severe injury to pericardium was found and heart was laid bare. After an anxious four months, hæmorrhage recurring once during that time, the wound is now healed and the patient walking about.

A volume could be written on war wounds, and every nurse's experience must differ widely

[previous page](#)

[next page](#)