

in many ways. The preceding notes are only a few observations of cases spread over three years' war work.

PAPER BY MISS L. E. BEEBY.

My first experience of war wounds was gained in Egypt, assisting with the care of the patients brought there after the tragedy of the first landing on the Gallipoli peninsula.

One of the many buildings hastily furnished and partly equipped as a hospital was a large skating rink, where eight hundred native bamboo beds on floor and gallery were filled by ever-coming convoys. The staff, in the first instance, consisted of the Matron and eight trained Sisters, and we spent every moment doing dressings, handicapped by want of sufficient surgical conveniences, including means of sterilisation; also by the heat, flies, and dust of an Egyptian summer.

The majority of the wounds, major and minor, were very septic, and needed dressing several times daily. Foments of boracic lint were applied to cleanse and soothe—that is, when boiling water was available. The anti-septic generally used was a solution of picric acid (1 per cent.) applied as a wet dressing, care being taken to vaseline surrounding skin and to apply only to actual surface of wound. Many were bullet wounds—the bullets having passed through—and we noticed how the entrance wound was clean and very often healed, but the exit wound extensive, torn, and very septic. Everywhere, for irrigation of surfaces and sinuses, we use a solution of hydrogen perox. (1—2, 3 or 4), and in my experience there is nothing so cleansing. In a British general hospital in Alexandria, we used hypochlorous solution freely for irrigating and application of wet dressings for septic sinuses and surfaces. This proved cleansing, healing, and a splendid de-odoriser for offensive, sloughing surfaces, including amputations, where no attempt had been made to flap or suture owing to the septic condition. These and severe compound fractures are often treated with continuous irrigations of lotio hypochlorous, eusol, Condy's Fluid, or Carrel's method by means of Dakin's hypochlorite solution.

In the latter, several pieces of fine rubber tubing, finely perforated and closed at one end by tying firmly with thread, are attached to a horizontal glass connection with one main part for entrance of lotion, and several small glass exits for attachment of tubes.

The tubes are placed into the sinuses or across surface of wound before the gauze is

applied. The Dakin's solution is placed in a douche can—glass for preference, owing to chemical action of lotion on tin or enamel—and carried to the wound by the main rubber tubing, and so on through glass connection to the tubings in wound.

The flow is regulated by a clip, and released momentarily about every hour in order to effect sterilisation of wound by keeping dressing constantly moistened.

With this treatment also every care should be taken to protect the surrounding skin by the application of an emollient—ung. zinc. for preference.

The bed, pillow, &c., should be well protected with coverings of macintosh sheeting in case of leakage or dressing being soaked too freely. At the present time, we are also using an anti-septic known as Flavian, applied as a wet dressing to septic surfaces and sinuses. No other lotion should be used with this either for irrigating or swabbing. The surface or sinus should be cleansed gently with dry sterile gauze before applying gauze or drain soaked with Flavian. Protective tissue should be placed over dressing after surrounding skin has been well greased. One dressing in 24 hours is considered to be sufficient, and so far the results of this dressing have been very satisfactory. In many cases of severe compound fracture we are now using the Thomas' splint, extension being obtained by the application of a special glue to sides of leg, over which the ends of two long strips of gauze are left to attach and dry, while the other ends are left free. When dried thoroughly, the extension is then obtained by pulling free ends of gauze and tying to end of splint.

Adjustable slings for support of leg are made from pieces of flannel used double, with sticks each end and pieces of tape attached to tie to sides of splint. These can be placed and renewed as required. The great advantage is having the wound free for dressing and the simplicity of the means of extension.

The leather ring at top of splint should be kept well soaped with green soap to prevent rubbing and irritation of skin.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. Green, Miss F. M. Foster, and Miss K. Lawson.

QUESTION FOR NEXT WEEK.

Mention maladies in the newly born, and the usual treatment and nursing.

[previous page](#)

[next page](#)