

based crater, and all damaged tissue detritus and free fragments of bone removed.

Hæmostasis is most important, by ligature pressure and hot water. It is faulty technique to introducé the irrigation tubes into an oozing wound. The tubes must be inserted first into the depths and recesses, then more superficially. The tubes are made stable by fragments of one-inch web bandage removed from Dakin-Daufresne solution and arranged lightly in contact with the distal extremities of the irrigation tubes. The irrigation tubes (4 mm. calibre and 30 cm. long) are tied at the distal end with linen thread. Perforations extend from this point for 5 cm., 10 cm., or 15 cm. along the length of the tube, so as to vary with the dimensions of the wound treated. I usually employ an open tube—that is, one not occluded by tying—for the disinfection of medullary cavities.

The Results.—The cases have in general required a longer period of treatment to secure disinfection than is the rule at Carrel's special hospitals. This is to be attributed to the later stage at which the British cases come under treatment. During the first twenty-four hours after infection of a wound smears show no microbes, although these are present in the retained foreign body—shell, clothing, &c.—from the beginning. Carrel receives and treats his cases during this aseptic period, thereby securing a more rapid disinfection process. Five days appears to be the shortest period of disinfection. This factor of delay must be kept in mind when comparing results. The majority of the cases treated by this method at this general hospital were grave wounds of the extremities, with compound comminuted fractures of the long bones, often multiple, and frequently with considerable loss of substance.

Since the inception of Carrel's treatment we have found:—

1. Absence of secondary hæmorrhage.
2. Absence of amputations, except in two classes of wounds—namely, infected wounds of the knee-joint with much bony comminution, and badly comminuted ankle-joints.
3. Septicæmia—one case.
4. Mortality—one; a very dirty comminuted knee-joint.

I may say, in conclusion, that the appearance of the patients is very striking. A clear complexion and good appetite is the rule. This immediate change in the facies of the ward gave us all—I include the nursing staff—confidence in the method long before we were justified by the accumulation of results.

NOT SUBORDINATE BUT INTERDEPENDENT.

The Honble. Albinia Brodrick has addressed the following letter (abridged) to the *Irish Times*:—

SIR,—We have an Irish proverb, "To the black rook her fledgeling looks white"; and it was, no doubt, natural that at the meeting of county hospital surgeons, reported in your issue of the 22nd, the rooks, looking no further than their own nests, should congratulate themselves on their nurse-fledgelings as seen through their own glasses. To them they appeared perfection.

But, sir, the day is past when the medical profession can legislate for the sister profession of nursing. It is to our own profession alone that we owe allegiance, and by our own profession we intend to be governed—remembering President Wilson's pregnant sentence on "government with the consent of the governed." Dr. Thompson, of Omagh, and Dr. Hall, of Monaghan, were gravely mistaken in asserting that the nursing profession is "a subordinate profession with that of medicine." That unfortunate slip once acknowledged, the three resolutions fall to the ground. They are out of date by at least a quarter of a century.

It has been well said that a nurse is no more an inferior doctor than a doctor is a glorified nurse. Dr. D'Arcy Power has aptly compared the relationship of the sister professions to that of the senior and junior partner in a great commercial house. Neither is fully complete without the other, but each has his own independent sphere of action. One cannot but smile at the suggestion that "the medical licensing bodies, . . . with the assistance of a certain number of lady nurses, in the first instance nominated by the Government," should settle all about nursing education. O shades of Florence Nightingale! What is a lady nurse? O blessed doctors, have you yet to learn—some of you—that you are as wax in our hands? And thrice blessed Government, which does anything but govern, are you, indeed, to add to your accomplishments the attempt to control a profession of which you do not, and cannot, know the very first principles?

The whole has its comic side; but for us nurses, and for our patients, it borders on the tragic. If ignorance is to prevail, what of humanity, whom we are pledged to serve? It is fortunate that, in our Irish Nursing Board, lately established under the auspices of the College of Surgeons, we have a complete answer to the three resolutions of our dear black rooks of the county hospitals. The Board is entirely Irish, entirely popular, and entirely competent to deal with all matters affecting the welfare of the profession. It has full provision for the education and registering of nurses, as for all matters with which the three resolutions deal. . . .—Yours, &c.,

ALBINIA BRODRICK.

Ballincoona, Caher Daniel, Co. Kerry.

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