OUR PRIZE COMPETITION.

GIVE THE NURSING OF A CASE AFTER AMPUTATION OF THE THIGH.

We have pleasure in awarding the prize this week to Sister Beeby, Q.A.I.M.N.S. (R.), Military Hospital, Frensham Hill, Farnham, Surrey.

PRIZE PAPER.

The following should be in readiness for patient on return from theatre :—

Bed thoroughly warmed with hot-water bottles, warm blanket to place next to patient, pillow protected with mackintosh covering, bed-blocks, leg cradle, tourniquet, vomit basin and towel; sterile hypodermic syringe, needle, with swabs and tr. iodine, also strychnine and pituitrin.

On return from theatre the patient should be placed gently in bed, the stump being one person's care; warm blanket packed in closely all round, but leaving the stump exposed, and the hot-water bottles placed outside blanket at sides and feet.

The stump should be raised and supported on pillow in mackintosh case, covered with cradle, and left free for constant watching, in case of hæmorrhage.

The foot of bed should be raised on blocks. During the restless stage—particularly while patient is returning to consciousness—every care must be taken to guard against injury to stump.

Symptoms of shock must be watched for closely, *e.g.* :

Small, running pulse; general pallidness and clammy moisture of skin; shallow respiration and extreme restlessness.

In this case a subcutaneous injection of saline may be ordered to be prepared and given at once.

The following should be procured :—Special bag, or can, with tubing and needles; normal saline (sterile), at temperature of 110° to 120°; sterile swabs, ether and tr. iodine, collodion, or Mead's strapping.

Each breast should be surrounded with sterile towels, and the skin prepared with ether and tr. iodine.

The saline solution should be allowed to run freely through tubing and needles before the latter are plunged quickly and deftly—pointing towards each axilla. The bag or can containing solution should have a warm covering to keep saline at same temperature, and should be suspended while in use. The quantity to be given will be ordered—generally from Oi to ii. On removal of needles, the punctures of skin must be sealed with collodion or Mead's strapping.

A special report of all treatment given, nourishment taken, &c., should be kept, in addition to usual four-hourly chart, with record of temperature, pulse and respiration, on which also hypodermic injections, &c., should be recorded.

Liquid nourishment, in small quantities about every two hours, is generally given for the first few days.

The patient should be given a full sponge daily, with special care and attention to back at least night and morning. An air-ring should also be placed under back after first sponge.

In regard to dressing, if the amputation is a clean one and there is every reason to hope that wound will remain aseptic, the temperature of patient will be the guide as to re-dressing. If there is no rise it may be left from eight to ten days. Sutures are then removed with the usual aseptic precautions, and the wound re-dressed with tr. iodine and sterile gauze and pad.

If septic, provision for free drainage by insertion of rubber tubing or plain rubber drains will have been made. In this case, everything must be in readiness for plentiful irrigation, first to moisten dressings and lessen pain of removal, and then for free irrigation of sinuses. Fresh sterile drainage tubing (several sizes) should be in readiness, also gauze drains.

A set of Carrell's tubes, with necessary attachments, should also be in readiness.

In many cases it may be necessary to renew dressings at least twice daily. Where there is a painful raw surface and nerve ends all exposed, it is often necessary to give an anæsthetic while the dressing is being done.

One of the greatest difficulties to cope with is the retraction of flaps.

To minimise this, several methods of suturing and means of extension are being used at the present time, *e.g.*, special sutures known as "tension sutures" are used, in addition to the ordinary skin sutures.

These are silkworm gut first threaded through a piece of rubber tubing by means of two needles; the latter with silkworm gut are then taken right through whole thickness of stump, about 1½ to 2 inches from ordinary skin sutures, to the other side, threaded through another piece of tubing, and knotted in the centre.

These are left from eight to ten days, meanwhile relieving the strain on ordinary sutures, allowing edges of flaps to heal, and preventing retraction.

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