

book may usefully be consulted, and will certainly be read with interest by probationers in training in civil hospitals.

"The Modern Treatment of Septic Wounds" is an interesting exposition of present-day methods with which it behoves all nurses to be familiar. "At the beginning of the war," we read, "there were two schools of surgery, the conservative, which disliked the free use of the knife, and left everything alone as far as possible, to allow Nature to take its course, and held that wound infection should be localized as far as possible. This school believed in allowing the body to do its own work of reaction and repair, and sought to improve its powers of resistance to infection by prescribing rest, local and general, good food, stimulants and tonics, and so on. The more radical school believed in tremendous incisions, horizontal and transverse, making the drainage from the wound as free as possible, so that the toxins or poisons formed by the bacteria might not be absorbed into the system. The war had already lasted more than a year before any one had the audacity to believe that the largest and most ghastly wounds could be rendered sterile in a comparatively short space of time. The pendulum had swung round again and antiseptic surgery was once more the order of the day. . . An antiseptic which will destroy harmful germs is easy enough to find, the trouble is that most of them also irritate and destroy the body tissue with which they come into contact. . .

"The discovery of two new groups of antiseptics revolutionized the treatment of septic wounds. (1) the aniline series of which Flavine is the final word; and (2) the use of hypochlorous acid, either by the Carrel system of irrigation, with Dakin's fluid, extensively used in France, or in the form of Eusol, as used in England. . .

"Carrel's theory is summed up in one sentence: 'A deep wound is like a sponge. You cannot get a dirty sponge clean by laying a wet rag on it. It must be cleansed and rinsed thoroughly from the bottom to the top; this must also be the case with a wound.' The apparatus is simple and cheap and the procedure easy, and the Carrel-Dakin method has been adopted in several of the English as well as many of the French and Belgian hospitals."

Besides the Flavine and Carrel treatment, Miss Thurstan describes in detail three other main systems of treatment in vogue. (1) the plan of no dressings; (2) Sir Almroth Wright's method of hypertonic saline treatment, which claims to make the wound sterilize itself with its own serum, as freshly poured out serum is a bactericide and disinfectant; and (3) the dry method, which is much used for field dressings. In this method no soap and water is allowed to touch the wound or the skin surrounding it, even for the first cleansing. The skin surrounding the wound is rubbed rather forcibly with sterile wool pledgets soaked in benzine or alcohol, rubbing towards the edges of the wound, so as to squeeze out any splinters, but taking great care that no dirt is carried into it. Then the wound and the skin round it are painted

with a moderately strong solution of iodine—a dry dressing and a great deal of wool applied, and lastly, a thick layer of wool or sphagnum moss, and a firm bandage. The wound is not dressed again for several days. This method is very much used on the Russian front, when the wound is not likely to be dressed again for some time."

(To be concluded.)

## "OUR DAY."

The success of the "Our Day" collection in support of the work of the Joint War Committee was assured from the first by the splendid donations received at the Red Cross Headquarters, including £10,000 from the King and £205,000 from the British Chapter of the American Red Cross. Altogether donations, apart from street sales, considerably exceed £700,000.

## A PERFECT GENTLEMAN.

We all know that terrific phrase "a perfect gentleman"—terrific, because of the probable subject of it.

But there are perfect gentlemen in the world, whether we squirm at the appellation or not.

One night not long since, far away down East, a nurse (not in uniform) going to spend a week-end in a back street of that salubrious locality, was struggling along in the darkness with a heavy suit case.

On alighting from the 'bus she looked doubtfully at the group of loafing lads at the street corner. If she trusted her belongings to one of them, would they disappear into the darkness and leave her, "sans night gear, sans toothbrush, sans everything"?

No, rather bear the heavy ill she had, &c.

Two men behind her, grimy and work weary.

Nurse shifted her case from one aching arm to the other.

"Let me 'ave that, ma, can't see yer carry that."

Grateful thanks from "ma," and she trotted between her escort relieved.

If one gentleman was a little—say, garrulous, he was nevertheless a pleasant companion, and the trio talked of—raids, of course.

"Them bombs" was what they feared, but they wouldn't allow their kids to be took out of their warm beds into cold cellars for no one.

They discussed the prospects of a quiet night in anxious tones which made the woman walking between them feel that so far she had not touched the real bitterness of the recent terror.

"Here's the house, thank you so much. You are a friend in need."

"That's all right, ma."

The rough, dirty hand was hastily withdrawn as a coin was pressed into it.

"No, no, no! I didn't want none of that."

The coin found its way after much persuasion. He was a *perfect* gentleman.

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