

the nursing profession should protest by every means in its power.

The public has a right to know who is paying for the costly advertising campaign, in support of this Fund, which has successfully prevented "controversy" in the press, and thus misled the charitable public? Is Viscountess Cowdray, the College of Nursing, Limited, or the misguided public footing the bill?

We call upon the British Women's Hospital Committee to give a straightforward answer to this important question.

Moreover, the very base Press boycott in this connection makes it incumbent upon the self-governing Nurses' Societies to find other, if less polite means of publicity, and we are pleased to learn they intend to use them.

The charitable public has a right to know facts which the subsidised press has suppressed. (1) That trained nurses object to alms, and to the patronage of Society women. (2) That the tyrannical Constitution of the College of Nursing, Ltd., is a danger to the independence of working nurses; and (3) That the British Women's Hospital Committee has made the appeal for charity for the Nation's Nurses, in opposition to their earnestly expressed wishes that they should not be so humiliated.

These are three good reasons why the public should withhold money, every penny of which the Nursing Profession considers should now be spent in aid of heroic men, many of them sick and wounded unto death; starving and homeless women and children whose countries have been devastated by fire and sword; and in speedily winning the war which adds daily to the great Army of Martyrs.

TREATMENT OF TETANUS.

Nothing has proved a greater stimulus to research than the needs of the wounded, and an announcement made by Dr. Meltzer, of the Rockefeller Institute, is of great interest.

It seems almost incredible that there is immediate healing for so deadly a disease as tetanus, yet Dr. Meltzer reports that a dog, rigid with this disease, treated with the new remedy, which contains magnesium sulphate, was walking about within an hour after receiving an injection. Dr. Meltzer is optimistic as to the results when tried on human beings.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF THE CARREL-DAKIN TREATMENT OF SEPTIC WOUNDS? DESCRIBE THE METHOD OF ITS APPLICATION.

We have pleasure in awarding the prize this week to Miss Margaret M. Cornock, Royal Mineral Water Hospital, Bath.

PRIZE PAPER.

The Carrel-Dakin treatment, which, after much research and experiment has been perfected by the two doctors who give it its name, is a thoroughly effective method of dealing with septic wounds, and has proved of enormous value in saving the lives of numbers of soldiers, whose wounds have been caused by missiles which, before penetrating the tissues, have passed through filthy clothing, particles of which are carried into the wound, together with other virulently septic matter.

The treatment (which must be carried out with the strictest asepsis) consists in keeping the entire surface of the wound continually bathed in an antiseptic solution, which, while powerful enough to destroy septic organisms, will yet not damage the tissues themselves. Such is the "Dakin" fluid, though other solutions—e.g., eusol—are sometimes used. The "Dakin" fluid, which consists largely of chloride of lime and is coloured with permanganate of potash, must be freshly dispensed each day unless kept in dark bottles; it should be of neutral reaction—at least, not *strongly* alkaline, and *never* acid.

The special apparatus necessary for carrying out the treatment consists of a reservoir, which is suspended above the bed at a distance of three feet; it should be fitted with a stopper to keep out dust, and below is attached a main tube of about three feet in length, and which, again, by means of a glass connection with one or more projections, can carry the requisite number of small tubes needed for conducting the fluid into the wound.

These small tubes, about one millimetre in diameter, are tied at the ends with silk, and carefully perforated for a certain distance, according to the size of the wound; a sufficient number should be selected to ensure that every portion of the wound gets a constant supply of fresh solution flowing to it; this is most essential.

In applying the treatment to wounds situated on the dorsal aspect, where the fluid would be likely to trickle out, it is best to loosely envelop the ends with some sterile, spongy material, which, by becoming saturated, will keep the parts bathed.

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