

OUR PRIZE COMPETITION.

STATE WHAT YOU HAVE LEARNED RECENTLY ON THE UP-TO-DATE CARE OF WOUNDS.

We have pleasure in awarding the Prize this month to Miss Jessie M. Dunbar, R.G.N., M.B.C.N., Alexandra Hospital, Coatbridge, Lanarkshire.

PRIZE PAPER.

Until recently we dressed wounds too often, and usually in a manner which was complicated and painful. It was all done with the best intentions. Now we dress a wound as seldom and as simply as we can. The "wet" dressings are nearly all replaced by "dry" ones. Four-hourly fomentations are nearly out of fashion.

Sterile vaseline, plaster of paris (Cellona), and M. and B. 693 are now in common use. The M. and B. 693 is given in tablet form orally, or in powdered form as a local agent. (One must be open-minded about powdered 693; it is not always accepted as a useful local agent.) The following treatments were given here recently:—

A man admitted from an ironworks had a compound fracture of radius and ulna. The wound was full of minute pieces of metal and was very dirty. Under an anæsthetic it was cleaned and stitched and splint with extension applied. It eventually became very septic and had to be dressed twice daily. The man became very ill and had the typical pulse rate and temperature of septicæmia. A visiting surgeon was consulted on question of amputation.

His views were very different. He put on a flavine gauze dressing and encased the arm in plaster of paris. He gave instructions not to remove plaster until odour was very bad. The plaster was removed in three weeks. The wound showed marked improvement, and the temperature and pulse rate were normal. The plaster was reapplied and removed with longer intervals between each application. The wound took about three months to heal after first application of plaster, but the man was discharged with an almost perfect arm.

A boy, aged four years, with an extensive burn on back, buttocks and legs. His back had to be dressed twice daily as it was always moist. The boy became very septic, and was getting more and more exhausted by the continual dressings. The burns on back were showing no sign of healing. His body was becoming mis-shapen in an effort to lie comfortably. A vaseline dressing was applied to burn, and his whole body encased in plaster of paris. The temperature and pulse rate immediately improved. The plaster was taken off in three weeks, and a large area was found to be healed. He could now be left for two days without changing dressing, as burn was much drier. The wound took a long time to heal, but the three weeks with no dressing was very efficacious.

A man admitted from ironworks with leg burned by red-hot bar of iron. A large piece of tibia was exposed and surrounding muscle and tissue completely charred. Under general anæsthetic the wound was cleaned, the cavity lightly packed with gauze soaked in flavine. The whole leg from thigh to toe was encased in plaster of paris. The plaster was changed every two or three weeks. The dressing, sometimes vaseline, sometimes

Heye's wash or flavine. The chief point about this man was that he was saved a very painful daily dressing which would have taken a long time to do. He did not have a marked rise of temperature or pulse rate, and did not at any time complain of severe pain.

Next, a man with a compound fracture of finger and a good deal of laceration. He was seen 24 hours after injury, and the whole hand very dirty with grease and oil. Not so long ago we would have been told in the theatre that it was no use trying to save finger—amputation was necessary. But now the story is better. Under an anæsthetic the wound was cleaned, but not stitched. The wound got a generous application of M. and B. 693 powder and a dry gauze dressing. A finger extension splint was applied. The patient reported every second day, but the dressing was not taken off for a week, as there was no pain or sign of swelling. The wound was dressed only with 693 powder and dry gauze. The splint was taken off in a fortnight. In three weeks the man had full use of joints and an almost perfect finger.

Breast abscesses are very common. We used to foment them faithfully every four hours, until they were almost sodden and no stimulation left. Now, when they are opened they are well emptied and all dead tissue cut away. They are very tightly packed with gauze. They can be left for three or four days. When packing is removed, a second-day dressing of dry gauze is generally sufficient. When there is a high temperature M. and B. 693 tablets are given four-hourly.

Varicose ulcers can be a great worry. They are given a simple dressing of vaseline or flavine and dry gauze. Plaster of paris and a walking-iron are applied. Here again, the patient is saved painful dressings and does not need to lie up. Time and dressings are saved.

A cellulitis of arm or leg is not always opened or fomented. A dry dressing is applied. Complete rest in bed. M. and B. 693 tablets given four-hourly. Some of the results are marvellous.

A first intention wound does not get the care of a few years ago. When stitches are removed, and wound completely healed, the wound is left without any dressing. How we used to protect them for weeks!

PRIZE QUESTION FOR NEXT MONTH.

What do you understand by the following terms:—
(a) Surgical cleanliness; (b) Asepsis; (c) Antisepsis; (d) Disinfection?

A ROYAL EXAMPLE.

Princess Elizabeth and Princess Margaret have been immunised against diphtheria.

In a letter to the Minister of Health, Lady Delia Peel, lady-in-waiting to the Queen, mentions the Queen's deep interest "in the means—simple, effective and almost painless—whereby diphtheria, so dangerous to the lives of children, can be prevented and its presence steadily reduced."

In his reply the Minister of Health said he was sure that the knowledge that the Princesses have been given this protection will have great weight with those parents who have not yet had their children immunised.

Latest available figures reveal a poor result among the under-fives, in sharp contrast to the response by children of school age.

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