

cork up discharge. Drainage tubes are only very occasionally necessary.

The employment of congestive treatment other than the fomentations—Bier's bandage or Bier's cup—should follow the usual principles of dealing with infected wounds. A high value is placed nowadays on peroxide of hydrogen, but I cannot satisfy myself that it has any special usefulness in these cases. It is very difficult to estimate the value of medications applied to wounds in removing infection and hastening repair, for cleansing and healing usually take place rapidly under congestion and natural processes.

Granulating and mildly infected wounds do well under sterile gauze wrung out of warm "parabolic" applied twice daily. Sterile wounds require a dab of tincture of iodine and a pad of sterile gauze daily or less often. Occasionally an obvious abscess requires opening, an ill-draining sinus enlarging, or a cellulitis incising. In the absence of constitutional disturbance it is well to wait for definite evidence of these conditions. Doubtful spots should not be incised if the temperature is normal.

The best procedure in ward dressings is as follows:—The "dresser" wears rubber gloves throughout, the lotion is warm "parabolic" 1 in 40, parabolic being one of the British equivalents of the German lysol. Between each dressing the gloved hands are washed in soap and water and rubbed with the lotion. Wool dabs are used in the lotion, gloved hands rinsed in it, and instruments kept in it. The whole process is simple and expeditious. Bare hands get infected, and infect clean cases. Fresh rubber gloves for each case are unnecessarily time-consuming and costly. To use sterilised gauze for mops in these infected cases is unnecessary.

The prolonged hot iodine bath for limbs is very useful; three or four hours at a

time alternating with the fomentations. Whilst in the bath the patients are encouraged in the use of muscles and joints.

I am accustomed to say in speaking of limb injuries, "Do not think of the wound think of the limb below it. Endeavour to minimise the crop of cripples which this war will bring forth." Everything possible must be done to prevent stiff joints, atrophied, paralysed, glued-together muscles, lengthened tendons, loss of grasp, dropped hands, and dropped feet. Later we shall have war hospitals which by electricity, by massage, by hot-air baths, and by mechanical and surgical methods are endeavouring to cure what might have been in many instances prevented by carrying on side by side with the wound treatment, treatment calculated to restore the usefulness of the limb.

The patients must be stood over at the time of their dressings and carefully and methodically put through different movements and exercises. With the arm for example, the patient is told to use every endeavour to make this or that movement, to make finger meet thumb, to flex and extend the wrist, to pronate and supinate, to grasp, to separate and close together the fingers. It is explained to the patient that all this painful exertion is for his own good, and to give him a useful limb later.

Splints should be designed to keep a limb in its most useful position and to prevent tendons lengthening. In wrist drop, for example, arm splints are prolonged by a piece attached at an angle which dorsiflexes the palm, leaving the fingers free. The arm extension splints of Borchgrewink, for my knowledge of which I am indebted to Mr. E. W. Hey Groves, of Bristol, are occasionally useful, but it is difficult to apply the extension strapping in the presence of a septic wound.

It has been stated that the amount of tetanus has greatly decreased of late among the wounded from the trenches and this is attributed to the very early use of anti-tetanic serum, which is used if possible as a first treatment for the wounded. An-

other reason has also been assigned for the decrease, that in the substitution of motor for horse traction, much of the cause of tetanus is removed, the germ being more frequent in soil impregnated with horse manure than any other soil.