Surgery at the Front

In the third post-graduate College of Nursing lecture, Manchester branch, on Tuesday, May 14th, in the lecture theatre, Manchester Royal Infirmary, Mr. Hey dealt with "Surgery at the Front." He explained how surgery was practised about nine or ten miles behind the firing line, and illustrated a C.C.S., and means of transport of the patients. Surgery was practised on an advanced scale never before seen; all wounds were subjected to detailed operation with astonishingly good results. Saving of life was not confined entirely to the surgeon; numerous lives were saved by the stretcher-bearers. The wounded were first taken to a medical aid post, which was practically in the firing line, and dressings and antiseptics were applied; then they were moved to an advanced dressing station, where, in the case of fractures, splints were applied, and morphia and antitetanic serum were given. Thomas's knee splints were widely used.

If an emergency operation was necessary the cases were sent on to a main dressing station, which constituted a field ambulance in a safer spot, where a limb might be amputated, an artery ligatured, etc. Afterwards the patients were passed on to a C.C.S. excepting the very serious cases, which were sent to what is known as a main abdominal centre. Gas gangrene was the trouble to be feared most, and tetanus, owing to the highly cultivated soil, extremely rich in organisms. Where maggots appeared in a wound, gas gangrene was never present. Missiles—bullets, shrapnel, high explosives, should be perfectly sterile, but pieces of clothing, and dirt, were carried in with them, and sepsis ensued.

Mr. Hey described a C.C.S. as the most advanced place in surgery at the front. It was situated generally nine or ten miles behind the firing line—near the main road and railway—made chiefly of canvas, and divided off into various departments, viz., X-ray, reception room, pre-operative ward, resuscitation ward, theatre, one end being closed off into an anæsthetic room. The theatre was fitted up with all modern conveniences and instruments, and had four tables. A team which consisted of a surgeon, anæsthetic sister, and orderly, usually ran two tables, working sixteen hours—eight hours off.

When the patients were too ill to be operated upon, they were put into the resuscitation ward, given salines, morphia, etc. The object of all surgery in France was: first, to sterilise, and, second, to close.

To sterilise: The whole surface of the wound must be excised. There were many methods of sterilising. In the Carrel-Dakin method tubes were inserted all through the wound, which was irrigated two-hourly, until the wound became quite sterile. It was most essential to irrigate freely, otherwise the tubes acted as a plug. Other methods were pastes, which were considered better than the Carrel-Dakin method, viz., methylene blue, brilliant green (useful in killing the organisms that caused gas gangrene). The salt pad method was also extremely useful, the pad was left in nine or ten days, then taken out The wound would be quite clean and then sutured.

Shock was treated largely with pituitary extract, warmth and fluid administered subcutaneously, and also by blood transfusion, which was coming very much to the fore, and which would prove useful in the surgery of the future. —From the "Nursing Times."

The Bay of Islands Board is advertising for two District Nurses, minimum requirement midwifery certificate, for Herekino and Kaikohe, at salaries of £100 and £80 respectively, with private fees. The qualification of a general trained nurse is desirable for these positions, but at the present time it is unlikely applicants with both certificates would be found. These back-block districts greatly need nursing help, especially for the mothers and children.