

CHAPTER V.

ASEPTIC SURGERY—(continued).

Special dressings: *Head dressings: Neck dressings: Breast dressings—Abscess of mamma—Excision of mamma alone—Excision of mamma and axillary glands: Axillary dressings: Dressings on the limbs: Dressings for psoas abscess: Lumbar abscess: Hip-joint abscess: Dressings in cases of hernia and operations on the scrotum: Excisions of joints.* Aseptic treatment of abscesses. *Chief points to be considered in opening abscesses—Method of opening abscesses—Drainage of abscesses—After-treatment of abscesses—Empyema—Perineal and anal abscesses.* Treatment of wounds produced accidentally: *Problem to be solved—Purification of wound—Further treatment of the wound.* Special wounds: *Compound fractures: Wounds involving tendons, nerves, &c.: Wounds of joints: Compound fractures of the skull: Penetrating wounds of the thorax: Wounds of the abdomen.* Putrid sinuses and wounds. Treatment of burns. Treatment of gangrene. Treatment of nevi and varicose veins.

I SHALL now describe the special methods of dressing and other precautions required in different situations.

In operating on the *scalp* the hair must be shaved for some distance around the wound, and the hair beyond ought to be soaked with carbolic lotion 1–20. If the incision be in the centre of the scalp, or, in other words, if there be a circle of hair all round it, it is better not to use protective at all. The dressing in such a wound is fixed by the ordinary capeline bandage. Where the wound is more or less to one side, the dressing must extend downwards on the neck, and it is then well to have a narrow elastic bandage along the edges, more especially around the neck. In the neighbourhood of the ears, the various cavities in the ear, and the space behind it, must be filled up with gauze.

Neck dressings have nothing very unusual about them. The dressing must be fastened round the neck. It must be prevented from slipping down by a turn passing above the ears

and around the forehead, and also by two vertical turns over the head, one transverse and the other longitudinal, these various turns being pinned together where they cross. To prevent the dressing from slipping up, turns are passed under the axilla. A narrow elastic bandage must be applied round the edge of the dressing in this situation, for the movements of the head are extremely apt to cause an interval between the skin and the dressing (Figs. 39 and 40).

Breast dressings are very important; they are arranged in three different ways according to the size and extent of the wound.

No. 1.—Where an abscess of the mamma is opened, or where some small incision, not interfering with the form of the organ, is made, the dressing consists of an ordinary gauze dressing covering the whole mamma, some loose gauze being packed in in front and behind. This is fixed by turns of bandage passing round the body alternately above and below the organ, with straps over the shoulder. The arm is placed in a sling. The edges are fixed by elastic bandage (Fig. 41).

No. 2.—Where the mamma has been removed and the discharge has become much diminished in amount, there may remain enough of room between the wound and the axilla for overlapping of the dressing. In order to fix the dressing and keep it well up in the armpit, it is split vertically at the axilla, folded over, and pinned on the top of the shoulder. It is then bandaged securely, and an elastic bandage applied around the edges (Fig. 42).

No. 3.—Where the mamma and axillary glands have been removed, or for the first few days after excision of the mamma alone, this arrangement is not enough, for it does not leave sufficient room for overlapping. The arm must therefore be

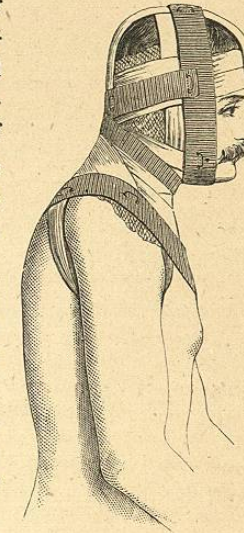


FIG. 39.

This figure illustrates the general arrangement of dressings on the neck. The arrangement shown here would do for any operation about the region of the sternomastoid behind or below the ear.

included in the dressing. This is accomplished most conveniently in the following manner:—A large dressing is applied

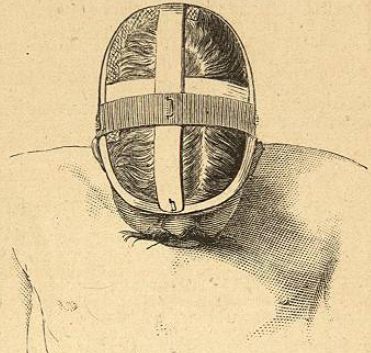


FIG. 40.—TO SHOW THE ARRANGEMENT OF THE TURNS OF BANDAGE ON THE HEAD SEEN FROM ABOVE.

posteriorly, reaching behind as far back as the middle line, and folding over the arm so as to touch the thorax in front,

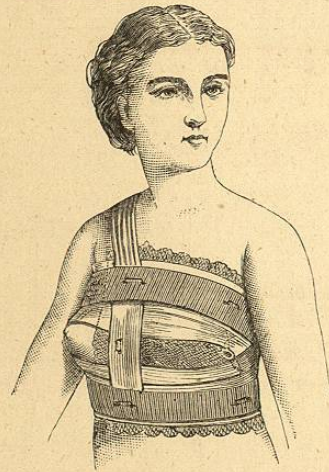


FIG. 41.—DRESSING APPLIED IN A CASE OF ABSCESS OF THE MAMMA (BREAST DRESSING NO. 1).

The position of the drainage tube is indicated by dotted lines.



FIG. 42.—BREAST DRESSING NO. 2.

the arm being applied to the side. This dressing must be broader than the length of the upper arm from the top of

the shoulder to the tip of the elbow, the overlapping parts being caught by the turns of bandage passing over the shoulder and round the body respectively. To prevent the internal condyle from suffering from the pressure, a large mass of gauze is applied behind the arm, extending downwards almost to the condyloid region, but not reaching quite so far. A mass of gauze is packed in between the arm and the side, and in front filling up the angle between the arm and the thorax (Fig. 43). A smaller anterior dressing is then applied, narrower than the posterior, reaching as far forwards as the middle line or beyond it, and outwards to the upper arm, the edge of the anterior dressing passing beneath the edge of the

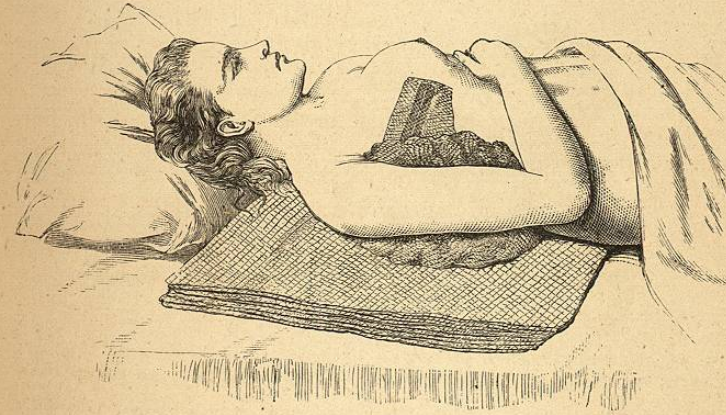


FIG. 43.—CASE OF EXCISION OF THE MAMMA.

Back dressing lying ready for application; showing also the deep dressing and padding in the axilla and behind the arm.

posterior. Thus the side of the patient is completely encased in a gauze dressing. This is very easily bandaged on. One turn of bandage passes round the body outside the arm (Fig. 44, 1); the second also passes round the body, but below the elbow (2), thus catching the portion of the dressing overhanging the elbow and also the lower edge of the front dressing; the next passes round the body and over the top of the shoulder on the side operated on, thus catching the portion of the dressing projecting above the shoulder (3); the bandage then passes down behind but parallel to the arm, turns round below the elbow, runs obliquely upwards in front to the top of

the opposite shoulder (4), then obliquely back again behind the body (thus fixing the upper angles of the dressing in front and behind) to the middle of the arm, over which it passes obliquely downwards (5), to go under the wrist and end at the top of the shoulder (6)—in this way completing the fixing of the dressing to the arm, and at the same time acting as a sling for the hand. A bandage six yards long generally does this exactly.

Pins are now inserted at all the necessary points, more especially where the bandage passes over the shoulder and under the elbow. The arm and dressing are then fixed securely to the side by a binder of calico, broader than the length of the



FIG. 44.—DRESSINGS APPLIED AFTER EXCISION OF MAMMA AND AXILLARY GLANDS, TO SHOW THE ARRANGEMENT OF THE DRESSINGS AND BANDAGES.

The turns of bandage are numbered, and arrows are placed on them to show the direction in which they run.

upper arm, passing round the body, below the axilla of the other side, and pursed up and pinned above the shoulder, and below the elbow of the included arm. Thus perfect rest is procured, and no elastic bandage is required.

When the axillary incision is soundly cicatrised, and the discharge has become small in amount, the axillary dressing or the breast dressing No. 2 may be applied, the arm being simply supported in a sling.

An *axillary* dressing must be applied partly to the chest and partly to the upper arm, and made to fold over the top of the shoulder. It requires an elastic bandage (Fig. 46).

Elastic bandage is not as a rule required for *dressings on*

the extremities, because the limb operated on is generally placed on a splint for a few days, in order to procure absolute rest till healing by first intention is complete. Thus the movements which it is the function of the elastic band to neutralise are avoided, and the constriction of the elastic is also avoided. With regard to this constriction, however, the elastic need never be applied so tight as to produce œdema; indeed, I have more than once seen œdema which was present before an operation subside afterwards, even although an elastic bandage was used. Where the patient is allowed to move the extremity—as, for instance, when he is allowed to walk after a small operation on the lower extremity—an elastic bandage is

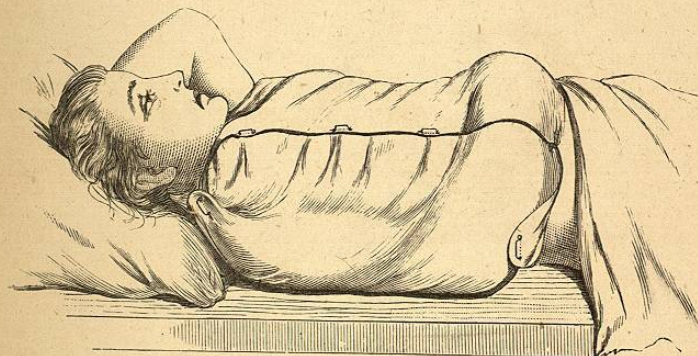


FIG. 45.—BINDER APPLIED OUTSIDE THE DRESSING REPRESENTED IN FIG. 44, SO AS TO KEEP THE PARTS AND DRESSING AT REST.

absolutely necessary. In the case of the lower extremity, the padding at the upper part of the splint should be covered with macintosh, and the foot of the bed should be supported on blocks. In this way all the discharge flows upwards, and as it cannot soak into the padding of the splint, it is shed on the draw-sheet soon after it has reached the edge of the dressing, and thus one can ascertain accurately whether or not it is necessary to change the dressings.

The dressing required for *psaos abscess* opened above Poupart's ligament is one of the most important dressings, as well as one of the simplest illustrations of the method of applying the elastic bandage. I may say here with regard to this method of opening *psaos abscess* above Poupart's ligament that there

are two reasons for choosing this situation. In the first place, the old rule that these abscesses must not be opened early is now done away with, and under truly aseptic treatment, as soon as fluctuation is detected, an operation is performed of a similar nature to that for tying the external iliac artery, and the abscess is opened after a careful dissection. The sooner the abscess is opened the better, for the abscess cavity is thus smaller than if the surgeon waits till the pus has burrowed its way into the thigh; and, further, so long as the pus is there it irritates by its tension, and thus keeps up the chronic in-



FIG. 46.—DRESSING IN CASES OF OPERATION ON THE AXILLA ALONE.

In this case an abscess has been opened and the position of the drainage tube is indicated by dotted lines. The edge of the dressing has also been dotted in.

flammation in the spine. This, then, is one reason why the opening leading into these abscesses is generally above Poupart's ligament. Another is, that even supposing the abscess to be pointing in the thigh, it ought to be opened as far as possible from sources of putrefaction, and the most convenient place in this respect, as well as the best for the attachment of a dressing, is the neighbourhood of the anterior superior spine. I shall hereafter discuss the reasons why it is thought best by some surgeons, more especially by Mr. Chiene, to try to get

at these abscesses from behind either by perforating the ala of the innominate bone or by getting at the pus above the crest of the ilium. Such a method has advantages both by providing a dependent opening, and also by leaving a shorter channel between the seat of the disease and the cutaneous surface.

The dressing applied when the opening is in the neighbourhood of the anterior superior spine extends from the middle line in front to the middle line behind. It reaches as high up as the lower border of the ribs and as low as about three inches below Poupart's ligament. Special masses of gauze are placed



FIG. 47.—DRESSING IN A CASE OF PSOAS ABSCESS OPENED ABOVE POUPART'S LIGAMENT, SEEN FROM THE FRONT.

The position of the drainage tube is indicated by dotted lines.

in the neighbourhood of the pubis, which is also shaved on that side. The dressing is fastened on by a spica bandage with circular turns around the thigh and abdomen. The elastic bandage is applied accurately to the edge. It begins, say, at the upper and anterior angle of the dressing, runs vertically downwards along the anterior edge; then, passing back round the inner side of the thigh, it encircles the thigh, thus fixing the lower border; then it runs vertically upwards behind till it reaches the upper posterior angle; then, being held there, it is carried round the abdomen. The two ends of the two vertical pieces are fastened to the circular piece by pins, and pins are also applied at all the angles and along the edge where neces-

sary. In some deformed persons shoulder straps are necessary to prevent the dressing from slipping down (Figs. 47 and 48).

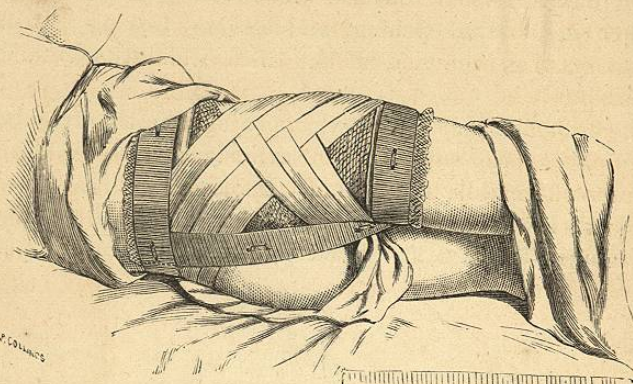


FIG. 48.—PSOAS ABSCESS DRESSING (FIG. 47), SEEN FROM BEHIND.

In *lumbar abscess* straps must pass over the shoulders to prevent the dressing from slipping down, and between the thighs to prevent it from slipping up (Fig. 49).

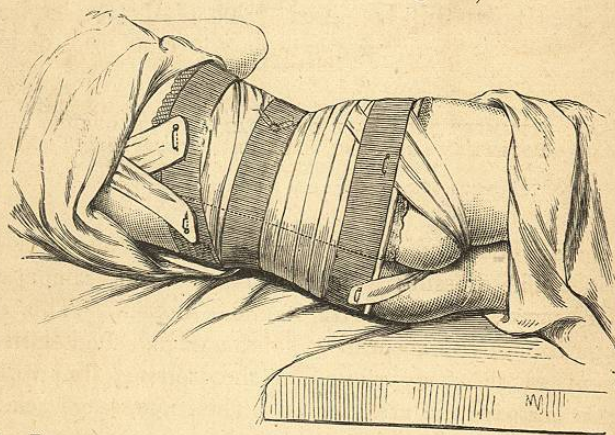


FIG. 49.—DRESSING IN A CASE OF LUMBAR ABSCESS, SEEN FROM BEHIND.

The position of the drainage tube is indicated by dotted lines; the vertical dotted lines at the middle of the back indicate the edge of the dressing.

In *abscess of the hip-joint* the arrangement of the dressings is much the same as in *psoas abscesses*, except that they pass lower down and not quite so high up. As a long splint is

generally in use, an elastic bandage is unnecessary, unless in children (Fig. 50).

Where abscesses are opened near the top of the thigh on the inner side, and are thus pretty near sources of putrefaction, large masses of gauze must be applied between the orifice and the perineum, and an elastic bandage carefully fastened along the upper edge.

In *operations for hernia, varicocele, and on the scrotum*, in the male, there is one form of dressing which is generally applicable. In the first place, no protective is used, on account of the immediate vicinity of sources of putrefaction, as has been previously explained. The gauze applied to the wound, instead

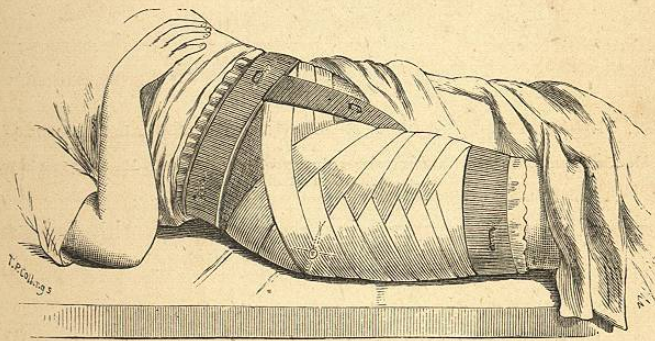


FIG. 50.—DRESSING IN A CASE OF HIP-JOINT ABSCESS, WITH ELASTIC APPLIED.

The dotted part shows the position of the wound.

of being merely wet with carbolic lotion, is steeped in 1-5 or in 1-10 solution of carbolic acid in glycerine, and this is wrapped around the penis and over the scrotum. This gauze sticks to the skin and does not become detached with the movements of the body, while it is more powerfully antiseptic than the ordinary carbolic gauze. Then a mass of gauze is rolled into a ball, and this is suspended in the centre of a long strip of gauze. The ball is placed in the perineum behind the scrotum, and the strip of gauze passes up in each groin. This strip retains the pad in position (Fig. 51). The pad serves the double purpose of supporting the scrotum and receiving the discharge, which passes chiefly downwards. The

hollows having been filled up with loose gauze, the general dressing is applied. A hole is cut in this dressing towards the

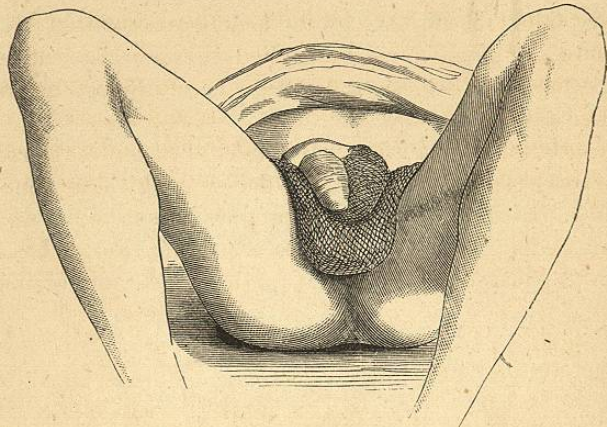


FIG. 51.—DEEPER PART OF THE HERNIA AND SCROTAL DRESSINGS.

Left side of scrotum covered with gauze soaked in carbolised glycerine. Mass of gauze in the perineum enclosed in a roll of gauze.

upper border, and the penis is passed through this hole, and thus helps to keep the dressing in position. The dressing

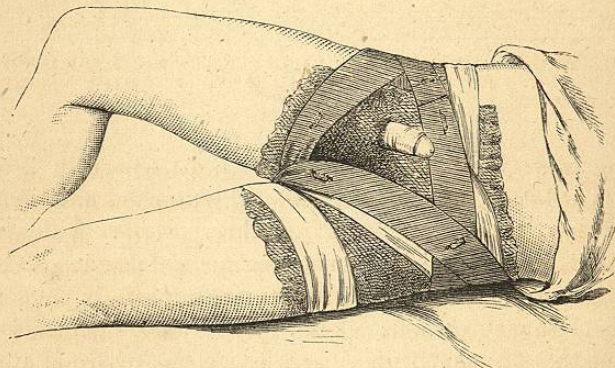


FIG. 52.—DRESSING IN A CASE OF OPERATION FOR HERNIA, OR ON THE SCROTUM ON THE LEFT SIDE, SHOWING THE ARRANGEMENT OF THE DRESSING AND ELASTIC BANDAGE.

passes over the scrotum and over the perineal-pad, and is fixed by a double spica bandage (Fig. 52). The pad in the peri-

neum is fixed there by a St. Andrew's cross. The elastic bandage is applied in the form of a St. Andrew's cross in the perineum, and of a double spica (Fig 53). The bandages, dressing, and perineal pad are carefully pinned together in the perineum.

The methods of managing *excisions of joints*, operations for ununited fractures, &c., in the lower extremities, are very important. Here perfect rest must be combined as far as possible with the aseptic treatment. For two or three days after an

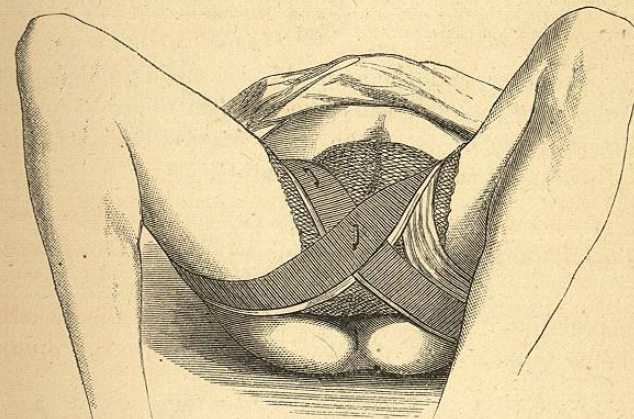


FIG. 53.—DRESSING IN HERNIA CASES OR IN OPERATIONS ON THE SCROTUM, SHOWING THE ARRANGEMENT OF THE BANDAGES IN THE PERINEUM. (SEEN FROM BELOW).

operation it is better to change the dressing, which is the ordinary gauze dressing applied round the limb, simply by lifting the limb, because there is generally a large amount of bloody and serous oozing at first. After a few days this oozing has become much diminished in amount, and the dressing is then accomplished in the following manner:—A Gooch's splint is padded above and below the situation of the wound, the part opposite the wound being left unpadded. The whole splint and padding is covered with a piece of macintosh cloth, and is firmly fixed to the posterior aspect of the limb above and below the situation of the wound. Behind the wound, at the part where the padding is deficient, masses