

ON THE TREATMENT OF SEVERE BED SORES.

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In this short communication to the Association of American Dermatologists, I desire to call attention to some methods of dealing with severe bed sores. I have no intention to offer any suggestions respecting the preventative treatment of these troubles, because this subject in now very properly relegated to the attention of skilled nurses, who are happily being trained in this country and elsewhere in large numbers. I allude therefore to those grievous cases of large and deep sores, which no treatment has availed to avert, and which comes at once under the care of the practitioner. The worst instances are met with in heavy patients, in those of large build, with flabby and imperfectly nourished integuments. This class of cases is chiefly furnished by the subjects of acute disease of the spinal cord, myelitis more particularly, and in such instances there is not only the direct risk of irritation from involuntary passage of urine and fæces consequent upon paralysis of the sphincters of the bladder and rectum, but there is also a special vulnerability of the integuments dependent upon a rapid failure of their ordinary nutrition. Every educated physician and sick-nurse should know that all cases of this nature should be immediately placed upon a large water-bed in anticipation of such calamitous results as must inevitably ensue from neglect of such precaution. Two or three days of inattention to this point, together with imperfect nursing, will suffice to induce the worst forms of bed sore to be met with.

When such a grievous trouble is added on to the special difficulties of these cases, how is it to be met?

I wish to recommend that, in addition to the use of a water-bed the patient should lie with the buttocks and sacrum constantly upon poultices. These poultices should be made of linseed, (or, as termed in the United States, flax meal,) and if there be much discharge or fætor, the cataplasma carbonis of the Pharmacopœia should be used.

Since the introduction of so-called antiseptic

principles in surgical practice, some objection has been made to the use of poultices in any way, either to a broken or unbroken surface. They are supposed by some to be centres of mischief and unwholesomeness in themselves, and to produce unhealthiness of wounds. I wish to record my protest against this temporary wave of fashion in therapeutics, and to put in a plea for a little common sense and attention to plain clinical facts, *versus* theory and speculation evolved in the study, and *not at the bedside*. I take it for granted that these poultices are made of pure flax meal, and that they be frequently changed, the old ones being immediately burned, and not again warmed up, as is the custom in some French hospitals. They must be large, so as to cover all the affected parts, and if there be excavated sores over the trochanters, these must be also covered, and a binding sheet secured over the abdomen with safety-pins.

In the case of there being any sloughing portions of muscular and fibrous tissue in the wounds, and also if the wounds be flabby or languid, the addition of balsam of Peru to the poultice becomes highly desirable. If there be deeply excavated sores, plugs of lint smeared with the balsam, should be placed in the cavities, and the edges of the wound be gently compressed by strips of diachylon plaster.

If the wounds become unduly vascular or granular, dossils of lint dipped in zinc, or copper-sulphate lotion, (two grains to the ounce) are very useful for a time, and should be placed in the cavities as described.

It will be found necessary to persevere with the poultices till the bed sores heal, and this is sometimes a matter of many months.

The practice here recommended is that which is followed with much success in St. Bartholomew's Hospital. I am not aware to whom is due the particular credit of the measures here urged.

Quinine in doses of two or three grains, thrice daily, is of service in the treatment of the general constitutional condition of such patients, but of course any other medicinal treatment can be carried out if required for the special lesions which have led to the complication.—*Archives of Dermatology*.