

Protecting and healing the physical wound: control of wound infection in the First World War

Christine Hallett

Kate Luard

‘We were tackling a bad wound in the head, and when it was finished and the man was being got comfortable, he flinched and remarked, “That leg is a beast”. We found a compound-fractured femur put up with a rifle for a splint! He had blankets on, and had never mentioned that his thigh was broken. It too had to be packed, and all he said was, “That leg *is* a beast”, and “That leg is a *Beast*”.





Dorothy Seymour

‘Work very heavy at this moment. Battle of Ypres still going on. Stretchers between every bed, along the passage and on the landing. Wounds very bad. Such a lot of the men have been left out for days as they couldn’t get to them. One man had been left 9 days. Both legs putrid. Has to be amputated at once. No chance of life even after that’.



Ellen La Motte

‘When Rochard came into the operating room, all the young students and the old students crowded round to see the case. It was all torn away, the flesh from that right thigh, from knee to buttock, down to the bone, and the stench was awful. The various students came forward and timidly pressed the upper part of the thigh, the remaining part, all that remained of it, with their fingers, and little crackling noises came forth, like bubbles. Gas gangrene. Very easy to diagnose.

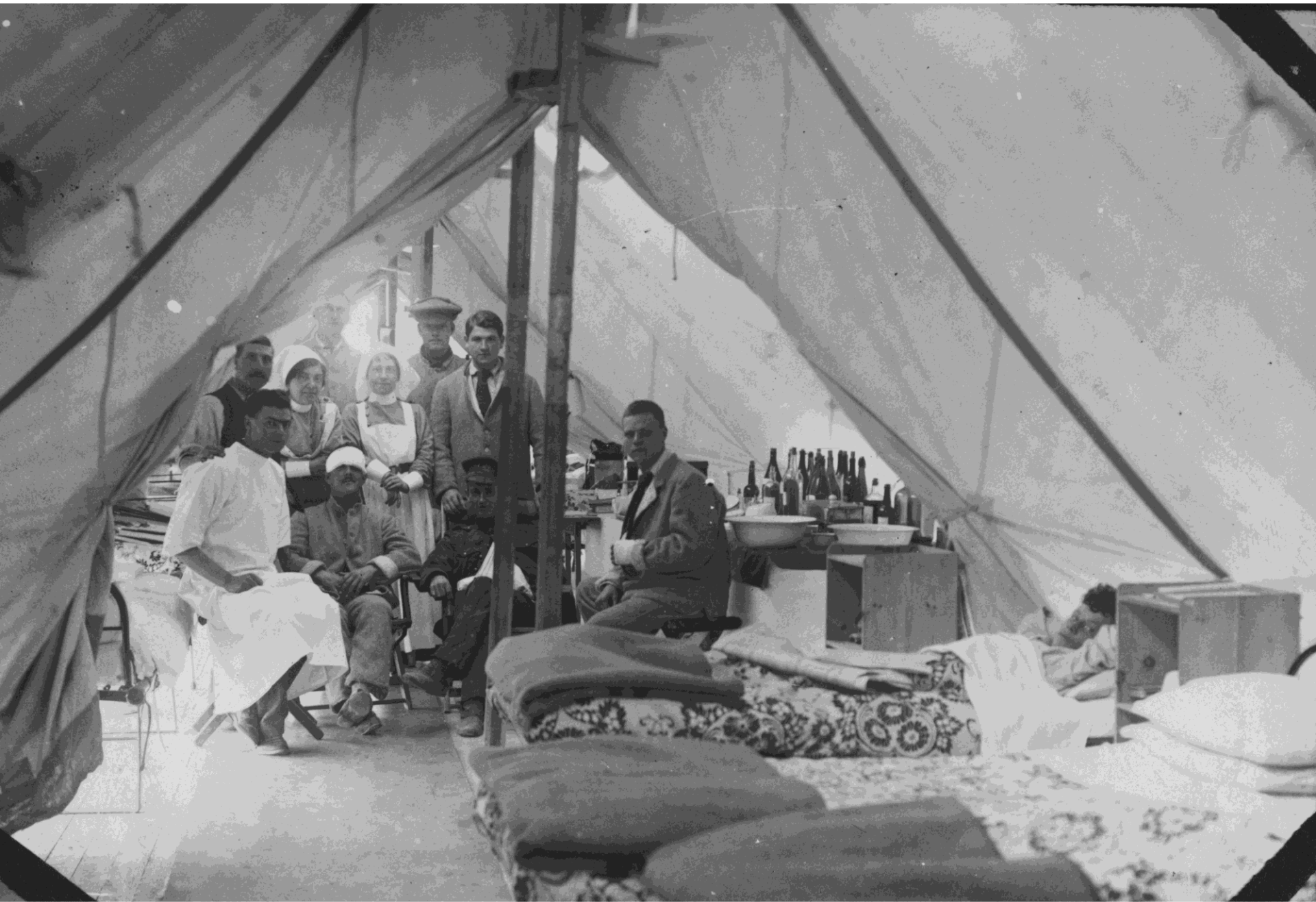
Also the bacteriologist from another hospital in the region happened to be present, and he made a culture of the material discharged from that wound, and afterwards told the *Medecin Chef* that it was positively and absolutely gas gangrene. But the *Medecin Chef* had already taught the students that gas gangrene may be recognized by the crackling and the smell, and the fact that the patient, as a rule, dies pretty soon'.



Marjorie Starr

‘We have had a particularly distressing day. The first thing when we got on duty, one poor man, whose arm had been amputated, started suddenly screaming. Sister rushed to him and sent someone flying for the Doctor, as his pulse had nearly stopped: he had neurasthenia [sic] as well, and his nerves are all wrong. Then we had great consultations of Doctors, and they decided it was (something beginning with T. can’t remember the technical word, but it is lock-jaw in the ordinary words) and he was dying all morning, and the senior nurse was told off to sit behind the screens with him’.

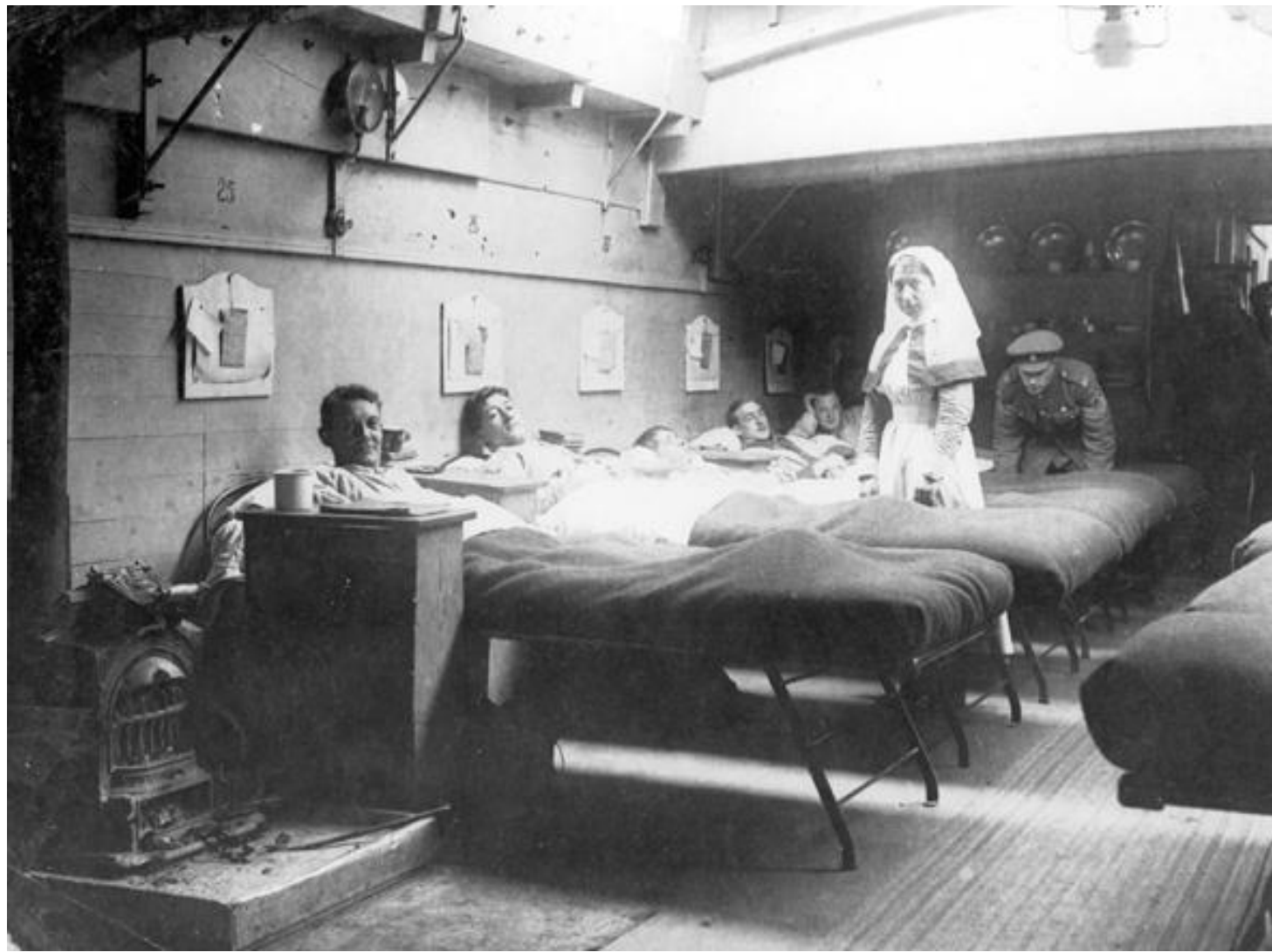




Sister Blair

'It was discovered in these early days that the long journey in the train from the front to the base, gave the wounds time to close, and Gas Gangrene followed, which caused death in very many cases, just a few days after they reached us. When this was realized, a change was at once made in the organization of the RAMC (Royal Army Medical Corps) and instead of the wounded being sent to the base for operation, every wounded man passed through the operating theatre at the Casualty Clearing Station 7 miles or so behind the line.

When the wounds were thoroughly opened up and cleaned they were put on the hospital train for the base. The nursing staff on the trains was increased, so that treatment could be carried out there, by consulting a card which was hung round the neck of each patient and on which the surgeon had written directions. This must have been the means of saving thousands of lives'.



Louie Johnson

‘They had established what the right amount for every man should be, I think it was five hundred units. Three injections of five hundred units of anti-tetanus serum... Well the first one was done, if it was possible, on the battlefield at the field dressing station and then it was attached to this label so that we knew that Private John Smith had had tetanus injection on the 1st of February or something or that sort. So I had a book which I kept and went round and collected all these things and put the man’s name, all his particulars, and when he had his tetanus injection. Then this weekly book I kept and they had to have two more injections at weekly intervals’.

Anonymous

‘Tetanus appeared, but we soon obtained serums from England and gave all patients with wounds covering large surfaces a preventive injection. Often large pieces of clothing were embedded in wounds, to say nothing of shrapnel and mud. From beneath one man’s shoulder-blade we even extracted a large brass time-fuse! We had one wonderful case of recovery in our large ward; an officer, with the rank of Major, was brought in with huge wounds in his abdomen, while his intestines were absolutely riddled with shot. The surgeons cut out twelve feet of entrails, and he made an excellent recovery’.

Rebecca West

‘It worked like this. There was a glass container fixed to the head of the bed full of this stuff. From it a long rubber tube ran down to where the man was lying . Then just by his wound the rubber tube ran into a glass s tube that was divided into maybe as many as five different nozzles. On each of these was fitted a little rubber tube and all these were packed into various parts of the wound. They were kept in place with bandages; and then a clamp was fixed onto the biggest rubber tube so that the right quantity dripped through the wound. And it worked. That was what was so glorious. The treatment worked. It wasn’t infallible, of course. Nothing is. But it worked to such an extent that you would get a man who was poisoned from head to foot from some great, reeking, gaping wound; and in a fortnight the wound would be well on the way to healing, and getting back to normal health’.

Nellie Morrice

‘We used to go each day at 8.30 am just as the Chief Surgeon was starting on his round of dressings. In my opinion the treatment if carried out correctly was most successful, and the results more than satisfactory. I saw patients in the hospital with compound fractures of the legs. In 9 days from the time the wound was done the wound was clear enough to stitch up and the leg done up on a splint as a simple fracture. The tubes are removed only every 2 or 3 days to be sterilized.

Cultures are taken every 2nd day (no irrigation having been done to the wound for some hours before the culture is taken) till clear then daily for 5 days before stitching up. I have seen wounds stitched up and heal by first intention within a few days with this treatment. Other wounds I have seen suppurate and the patients develop a high temperature immediately following the operation but on inquiring from the patient what treatment he had I found that the man who healed up straight away was the man who had the Carrel tubes put into his wound as soon as he was wounded.

Kate Luard

‘Sir Anthony Bowlby came to see the Flying boy’s leg again to-day, and was so pleased with it as it is doing, that he said, “Don’t operate – carry on, and he may yet keep his knee joint”. It is a great score, as it is bubbling with the gas bug. The boy is finding it a hard job to stick the treatment, but it has to be done’.



