# THE IDEAL DRESSING

FOR THE

# ABDOMINAL WOUND.

BY

HOWARD A. KELLY, M.D.,
Professor of Gynecology and Obstetrics in the Johns Hopkins University; Gynecologist and Obstetrician to the Johns Hopkins Hospital.



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One of my earliest efforts in abdominal surgery was to improve the dressing of the wound in the abdominal wall. The dressings then and now in use consisted of layers of cotton, sterilized or impregnated with antiseptic solutions, or alternating layers of various impermeable or antiseptic substances. The whole purpose of such a method clearly depends upon preventing access of pathogenic germs to the wound by heaping up impassable barriers on the patient's belly. To the practical eye noting the impossibility of affording adequate protection of this sort around the mons veneris and the creases of the thigh, where septic matter is most prone to enter, the inconsistencies are but too evident; for every movement of the patient which slides the dressings a little on the body and tends to displace them, as well as the necessary attentions to the genitals on the part of the nurse, each time open up this avenue of infection. Convinced of these facts, I abandoned this form of dressing and adopted a variety of dry and moist dressings, all the time casting about in my mind to determine just what was needed to establish an ideal dressing.

The ideal dressing would seem to be a solution or paste which would quickly harden until it formed a thin, flexible, impenetrable layer over the wound and the surrounding skin, which would be thus hermetically sealed, in this way absolutely preventing any invasion of the wound from the out-

side and preserving the aseptic conditions established at the operation. It would also be desirable, if possible, to add to these qualities the property of transparency, allowing the line of the wound and the stitches to remain under constant observation, noting changes without disturbing the dressing. A dressing possessing such qualifications may certainly be named ideal.

My researches have been in large measure rewarded; for, although unable to secure a transparent dressing unaffected by cotton or other protective in contact with it, I have found, and for two years past used, a dressing which hermetically seals the wound in a thin layer, with certainty preventing the invasion of pathogenic organisms from without. This dressing is easily made, simple, and always satisfactory. After closure of the incision, the skin, the line of the wound, and the sutures are dried, and two layers of sterilized gauze or cheese-cloth, large enough to project five to ten centimetres (two to four inches) beyond the incision on all sides, laid on the skin. This is saturated with the following adhesive mixture, which is evenly distributed over the whole surface.

℞ Squibb's Ether, or Washed Ether, and
Alcohol, absolute.....equal parts
Bichloride of Mercury (Merck's recryst.)....enough to make the solution $\frac{1}{1600}$
[Anthony's] Snowy cotton, enough to make a syrupy consistence, added in small pieces, stirring.

As soon as this is poured over the wound evaporation begins to take place at once, and the celluloidin hardens, gumming the gauze fast to the skin. To avoid delay in waiting for this to grow quite hard, and to prevent adhesion to the cotton applied above it, the whole surface is freely dusted over with a finely powdered mixture of iodoform and boric acid:

℞ Pulvis Iodoformi.....4 grammes, or 1 drachm.
Acidi Borici.....28 grammes, or 7 drachms.
M. exactissime. S. Dust freely on wound.

This powder is of itself an invaluable protective. I use it constantly in obstetric cases, separating the labia and throw-

ing it into the vagina, where it acts as a guard to the vaginal outlet against septic invasion from without.

The wound thus sealed with celluloidin gauze may be left untouched for a week or more, when the dressing should be softened with water, or more rapidly with ether, the gauze lifted off, and the stitches taken out.

If there are any signs of suppuration, as evinced by pain, local tenderness and redness, associated with elevated temperature, the dressing should be removed earlier and the discharge of the stitch-hole abscess promoted in the usual way.

The purpose of cotton heaped up on the abdomen is now no longer protective and antiseptic; it merely serves the purpose of padding out the inequalities for the application of the bandage. Common cotton may be substituted for absorbent and prepared cotton, by simply sterilizing it in the Arnold steam-sterilizer.