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As the main object in the treatment of compound fractures is to prevent sepsis, it is necessary to employ some antiseptic sufficiently potent to kill micro-organisms, and the same time not to destroy the vitality of the tissues. Most of the antiseptics recommended in textbooks do not fulfil both of these conditions.

During the last year I have treated seven cases of compound fracture with 3% Iodine in Rectified Spirit, and the results have been most gratifying. Some of the cases were seen immediately after their occurrence, others not for 24 hours afterwards. The skin surrounding the wound was first painted with the Iodine preparation, and if necessary the wound enlarged. Foreign matter was removed where possible by syringing with weak Bimiodide solution; then the cavity syringed with 3% Iodine and plugged with sterilized gauze soaked in the Iodine. The patient usually complains of a smarting sensation for a few seconds, but this rapidly passes off. If the patient's temperature did not rise above 100 on the day following, the plugging was left undisturbed for four days, when it was removed and the wound re-plugged with fresh gauze soaked in Iodine. This was repeated every second or third day till the wound healed. The Iodine does not retard healing, but rather seems to favour the formation of healthy granulation tissue. Not one of the seven cases so treated showed any signs of sepsis whatever, nor did any one of the patients show any signs of Iodine absorption, although some of the wound cavities were large, and were freely treated with Iodine. So that besides being a powerful antiseptic, it appears to be safe and non-toxic. Two of the cases deserve special mention. One a girl with compound fracture of both bones of right forearm caused through a fall at a skating rink; the wound was very dirty with dust from the rink floor. The wound was enlarged and then treated as described above—no sepsis followed, and the arm was quite healed in 16 days. The other case was a compound fracture of right fibula and fifth metatarsal and a dislocation of the astragalus forward; the soft parts round the ankle joint were very much lacerated. The patient did not come under treatment for 24 hours after the accident, still the foot never suppurated, and the wound was healed in 26 days.