

## **Iodine as a dressing for operation wounds / by Frank Cole Madden.**

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Madden, Frank Cole, 1873-1929.  
Royal College of Surgeons of England

### **Publication/Creation**

[London] : [publisher not identified], 1912.

### **Persistent URL**

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## IODINE AS A DRESSING FOR OPERATION WOUNDS.

BY

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My experience of iodine as a first dressing for recent cases of lacerated, and particularly dirty, wounds, having been decidedly happy, and the preparation of cases for operation by the same solution now being my routine practice, I was naturally much interested in the perusal of Mr. Reginald Alcock's address, published in the *BRITISH MEDICAL JOURNAL* of February 3rd, 1912, on iodine as the sole dressing for operation wounds.

I had already adopted the practice of painting wounds with iodine at the conclusion of the operation before applying the dressings, and had even tried—with much misgiving be it said—leaving them entirely without dressing, especially in children; but it is only during the last two months that I have taken my courage in both hands, with Mr. Alcock's experience to guide me, and in every possible case, both in hospital and private practice, used iodine as the sole dressing, with the most satisfactory results.

It appeared to me that working, as one does, on some of the dirtiest skins possible to imagine—those of the Egyptian fellah—the method would have an opportunity of justifying itself, and proving the claims so eloquently put forward on its behalf; and I must admit at once that it has completely established its position.

Before I began the preparation of operation cases with iodine—a practice which all my colleagues have now adopted—I was accustomed to dress my cases with a piece of sterilized gauze fixed with collodion; but I found that with iodine-prepared catgut the results were not always altogether satisfactory, as some superficial redness or even blistering occurred from time to time, due, I thought, to an antagonism between the collodion and the iodine. I therefore stopped the collodion and substituted ordinary



sterilized dressings, but now no dressing, in the ordinary sense of the word, is used at all and the cases do better than ever they did.

The first case in which I employed this method was that of an old woman, on whom I operated for strangulated umbilical hernia. The abdomen having been prepared by painting freely with a 2 per cent. solution of iodine in rectified spirit, the operation was performed in the usual way, a free transverse incision being made in the skin, the sac opened, and a large mass of dark omentum removed. The radical operation was done, and the skin brought together by four deep mattress sutures of silkworm gut, and the edges fixed with Michel's clips. The wound and its surroundings were then thoroughly painted with iodine, and a piece of dressing thrown over it till the patient was taken back to bed. She was at once put in the Fowler's position on a special bed—the operation was done under stovaine anaesthesia—and a cradle placed over her to support the bedclothes, the wound itself being entirely uncovered. It was painted twice a day for the first four days and then once daily for a week, and in spite of the old lady's scratching of the wound and a rather disquieting interest in the mechanism of the clips from time to time, the wound healed absolutely perfectly, the deep sutures being removed in four days, the clips in six, and she was up and about on the tenth day.

Fifty other cases have been treated in much the same way with equally good results. Knowing my patients and their complete ignorance of the veriest elements of cleanliness, I have generally left a piece of dressing lying on the wound, but not fixed in any way, and in some other cases where there seemed to be a prospect of a good deal of oozing—notably in one case of plating an old spiral fracture of the tibia—I have continued the painting with iodine, but have put on some dressing and fixed it with a firm bandage for a few days.

Again, in cases in which it has been necessary to put in a drain, as in removal of the breast for cancer and in tuberculous glands of the neck, a piece of dressing has been placed over the drainage openings, the rest of the wound being entirely exposed and painted with the iodine. They all healed well and continued to go on satisfactorily after the drain was removed and the opening painted like the rest of the wound. Sometimes, also, serum that has accumulated in the wound has been let out by inserting a probe between two clips, but without in any way interfering with the aseptic healing of the entire wound. The iodine does not seem to exert any chemical action on the metal clips.

It would be tedious to record the cases individually, but they include 6 operations for ventral and umbilical hernia, many inguinal hernias (both single and double), several hydroceles, 2 complete removals of breast for cancer, 4 goitres, 2 epitheliomas of lip with removal of glands in the anterior triangle, 4 circumcisions, 1 hare-lip, trephining, amputations of legs, suprapubic lithotomy, plating of fractured tibia, plastic operations for cicatricial contractions after burns, and 2 partial amputations of the hand at the carpo metacarpal joints for enchondroma and sarcoma.



The case we are proudest of is one of double hernia and double hydrocele, in which the patient developed delirium tremens the day following operation, and yet all his wounds healed perfectly without other dressing than the iodine paint.

Only one case in the whole series has gone wrong, and that may, I think, be entirely ascribed to our own stupidity and neglect, and cannot in fairness be considered a failure due to the method under discussion.

It was an extensive operation for softened and suppurating tuberculous glands of the neck, necessitating a very wide dissection. Unfortunately the drainage tube I had ordered to be put in for twenty-four hours was not inserted. The following day there was fever and the cavity had filled up with serum, but, hoping against hope that it might be absorbed, the house-surgeon did not introduce a probe to evacuate it, with the inevitable result that next day when I saw the case during my round the fever was still high, and I then evacuated broken-down blood and pus. Clips had to be removed in two places, and, though the final result was better than might have been expected, it spoilt our run of successes.

Personally I can only blame ourselves and hold the method guiltless, especially as a precisely similar case in the same ward, which had been done a few days before, but had been drained for twenty-four hours, did perfectly.

I would prefer not to dogmatize too strongly on the merits of this method on a comparatively small experience, but tender this contribution as confirmatory evidence of the efficacy, the simplicity, and the economy of a procedure which cannot fail to appeal to hospital surgeons and private, and especially country, practitioners alike.

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