PREFACE

Wound Management

Steven F. Swaim, DVM, MS
D.J. Krahwinkel, DVM, MS

Guest Editors

HISTORY

The management of wounds has been a topic of interest over the ages. As part of wound management, man has an instinct to pour things into wounds. It has been stated, “...wounds are still lathered, bathed, and sprayed with notions, potions, and lotions.” [1] As a reflection of this, a compilation of some of the things that have been described over the ages for placement in wounds and their proposed mechanism of action was published [2]. The materials ranged from those that are accepted by the medical community (eg, silver sulfadiazine, Dakin’s solution) at one end of the spectrum to the more bizarre materials at the other end of the spectrum, (eg, dung and beer for their ammonia and alcohol content, respectively).

As early as 3000 BC, the Egyptians were using grease, resin, honey, lint, and meat as topical dressings. In 200 AD, Galen tended gladiators using the “laudable pus” theory, whereby uninfect ed wounds were inoculated with a dressing to induce infections. The practice persisted for more than a thousand years [3].

In the sixteenth century, wounds were scalded with boiling oil. However, in the battle of Turin, there was no oil; thus, Ambrose Paré, a French army barber-surgeon, used a potion of eggs, turpentine, and oil of roses as a vulnerary in wound therapy. With this treatment, fewer soldiers died, their wounds healed faster, and they experienced less pain. He coined the term, “I dressed the wound, and God healed him” [3].

The concept of moist wound healing began to be accepted in the 1970s and 1980s. It is only in the last 10 to 20 years that there has been a virtual explosion
in wound care knowledge, technology, and products. The discovery of growth factors essential for wound healing and the crucial concept of moist wound healing are just two examples of the recent advances in wound care. With the current knowledge of antimicrobial medications, the practice of wound debridement, the application of growth factor technology, the concept of moist wound healing, and the preservation of wound perfusion and oxygenation, modern wound care continues to be advanced.

Simultaneous with the improvement in topical wound care, veterinary surgeons have developed advanced skills in surgical wound closure with the use of skin flaps and skin grafts. These skills, along with the development of microvascular surgical techniques for skin grafting, have truly brought veterinary wound care into the 21st century.

**VETERINARY WOUND MANAGEMENT SOCIETY**

We would like to inform the reader about the recently founded Veterinary Wound Management Society (VWMS). The VWMS was established as an interest organization for veterinarians, veterinary students, interns, residents, and technicians, as well as personnel involved in the veterinary wound care industry. The mission of the VWMS is to advance the art and science of animal wound management, thus promoting excellence in the field.

Activities of the VWMS include encouragement of research and scientific progress relating to the prevention, diagnosis, and therapy of animal wounds, to include comparative medicine studies. The society also promotes education by the communication and dissemination of knowledge related to wound management. The VWMS strives to provide service to the public using current wound management medications, materials, and techniques.

Those interested in joining the VWMS can visit the VWMS Web site, [www.vwms.net](http://www.vwms.net), to learn more about the society and apply for membership online.

Steven F. Swaim, DVM, MS
Scott-Ritchey Research Center and
Department of Clinical Sciences
College of Veterinary Medicine
Wire Road
Auburn University, AL 36849, USA

*E-mail address: swaimsf@auburn.edu*

D.J. Krahwinkel, DVM, MS
Department of Small Animal Clinical Sciences
C247 Veterinary Teaching Hospital
University of Tennessee
Knoxville, TN 37996-4544, USA

*E-mail address: djk@utk.edu*
References

