

correct surgical statistics. St. Aubin's case having been given as a brilliant example of success, and having obtained a great notoriety owing to Mr. MacCormack's book having been translated into French, and, perhaps, German, it is perhaps well to prevent the whole mass of surgical students in the three countries from being misled by too hasty an estimate of results.—*Irish Hospital Gazette*.

CLINICAL LECTURE ON BED-SORES.

By SIR JAMES PAGET, F.R.S., &c., Lecturer on Clinical Surgery at St. Bartholomew's Hospital.

Bed-sores may be defined as the sloughing and mortification or death of a part produced by pressure. When we press on any part of our bodies for a moment, on the removal of the pressure the part is quite white, owing to the blood having been pressed out. The colour immediately returns, however. In bed-sores, the pressure is continual, the blood is driven away, nourishment ceases, and death of the part takes place. There are three different forerunners of bed-sores, (1) inflammation; the prominent parts, *e.g.*, the sacrum, posterior superior spine of the ilium, the trochanters, and the ends of the spines of the vertebræ, are seen to be red. (2) They may be simply pale and white. (3) They may be purple or yellow from the extravasation of blood or bloody fluid. Sloughing follows these in the skin and subcutaneous tissue and fat. These latter die before the skin. Sloughing proceeds faster in them, and so when the skin comes away, the place formerly occupied by these tissues is empty. Then the deeper parts die—muscles, bone, until sometimes the spinal cord itself is exposed. Now bed-sores occur in those who are absolutely at rest. If there is the slightest movement from one side to the other bed-sores may be averted. A man with simple fracture of the femur, previously healthy, can move himself slightly from side to side, and does so instinctively. No man with simple fracture of femur ought to rise from his bed with a bed-sore. It would be the consequence of gross neglect if he did. In the case of those whose lower limbs are paralysed, there can be no motion whatever, and so they are liable to bed-sores.

The time when bed-sores begin to make their appearance is about fourteen days—that is, in the case of a healthy man who is absolutely unmoved. They will, of course, be accelerated by dirt, if his urine and fæces are not constantly removed. There are certain cases which are specially favourable for bed-sores:—the old, especially those with fractured neck of femur, and those that are the fattest and heaviest, and most likely to become œdematous.