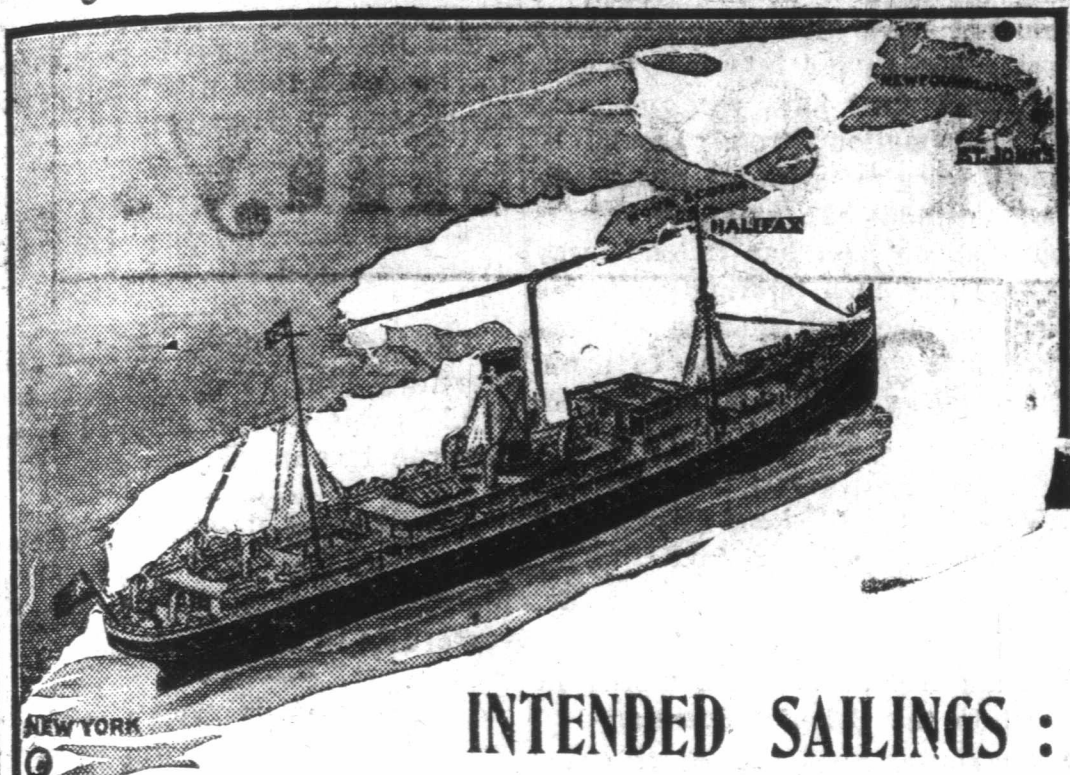


## Red Cross Line



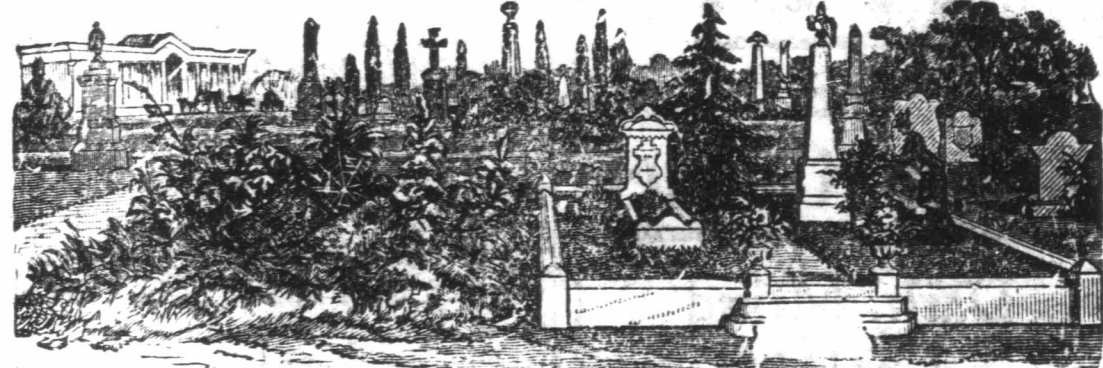
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FLORIZEL, Oct. 15. FLORIZEL, Oct. 28.  
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## THE WONDERS OF SURGERY

Stories of the Work in British Military Hospitals--"Hopeless" Cases That Have Recovered--The Great Work Of Human Renovation.

The public can have no adequate conception of the great debt we owe in this war to modern surgery. Some of us may have entertained a thought that the surgical and medical treatment of the soldier had not kept pace with the horrible mutilations caused by modern scientific aids to destruction. But all that one needs to correct any such mistaken view is to visit the military hospitals and to follow the surgeon in his work from the operating theatre to the convalescent wards. We express our admiration of the soldier for his consummate bravery and cheerful disposition in the face of the enemy. Our soldiers, in turn, express their unbounded admiration for our surgeons, who, by their extraordinary skill, are carrying on this great work of human renovation.

An efficient medical service has a great influence on the moral of an army. A soldier has to make great sacrifices, and the knowledge that behind the guns is mobilized a highly skilled army of surgeons and nurses encourages him greatly. The mind cannot conceive what the horrors of war would be in the absence of our surgeons. Ambrose Pare, one of the greatest military surgeons France ever produced—he is the father of military surgery—in his descriptions of the conditions after a battle in the campaign of Turin (1536), mentions that he went into a stable where some wounded men were sheltered. "As I was looking at them in pity there came an old soldier who asked me if there was any way to cure them. I said no. And then he went up to them and cut their throats gently and without malice. And when I upbraided him he answered and prayed God that when he should be in such a plight someone would do the same for him, that he should not linger in misery." There is real comfort for us all in the knowledge of what surgical skill can accomplish nowadays.

#### Work in Manchester

Since the beginning of the war above three thousand operations have been performed in the Second Western General (Manchester) Military Hospital, Whitworth Street. Some of these have been nothing less than surgical triumphs. Limbs which the patients were confident had been lost to them have been saved; cripples who to lay mind were cripples for life have had the full use of the defective limb restored; shattered jaws have been made whole; faces shockingly torn by shell have as it were been remodelled, leaving in some cases only a faint trace of the wound, and in those cases where amputation was the only alternative of the life of the soldier was to be saved (the Manchester surgeons will not remove a limb if they can possibly save it) excellent artificial limbs have been provided.

The war has given rise to numerous cases of complicated compound fractures, nerve injuries, and muscular paralysis which have called for a high degree of surgical skill and its treatment, and some of the most striking work of the hospital has been in the treatment of injuries of the skull, brain, and spinal cord and nerves. It is a point of some interest to note that the Franco-German War of 1870 was practically the starting point of modern brain surgery. Although previous to that date it was known that human beings might survive serious injuries to the brain, there was much obscurity as to the function of the cortex of the brain, and the accidents of warfare embracing severe injuries to the head, frequently with considerable portions of the brain exposed, led two of the German army surgeons, Fritsch and Hitzig, to make certain observations in the course of their work and to prove that the cortex of the brain could be excited by electrical stimulus, whereby defined movements of various parts of the body could be produced. In turn this led to the work of Sir David Ferrier in the localization of function of the cerebral cortex, and later to some of the valuable researches of the late Sir Victor Horsley in the domain of brain surgery.

In the Franco-German War it was seen that even with large areas of the brain exposed it was possible for a man to live, but the defect in the skull was a difficult matter to deal with satisfactorily, and various methods have been employed, since 1870, to protect the damaged area. The skull bone does not readily repair—a gap in the bone is liable to persist—and fractures of the cranium with loss of bone are among some of the most serious injuries inflicted in the present war.

#### Some Remarkable Cases.

Where the underlying brain is both exposed and lacerated, the damage must be regarded as permanent to some extent, and in some parts of the brain some amount of paralysis will result and will be permanent. But some very remarkable cases have occurred in the Manchester hospital, where (there being a defect in the cranium from the loss of bone, but without paralysis) the gap has been treated by a delicate operation with immense benefit to the soldier, to whom has been giving a feeling of well-justified security as regards the portion of the brain previously unprotected by bone.

One soldier operated upon in Manchester (this is a typical case of many) had a large part of his skull blown away. The case seemed to be almost hopeless except to the surgeon to whom the patient was entrusted. One need not go into details; they are too terrible. It will be sufficient to say that the most difficult and delicate part of the operation was to provide a permanent protective covering of the brain. This was done by implanting a plate of silver in the top part of the skull and making it secure. This silver plate, about the thickness of an ordinary visiting card, is perforated to provide a means of drainage from one tissue to adhesions, which make most efficient and permanent "anchors."

#### Neurological Hospital

The surgery of the nerves in a military hospital is particularly interesting. Where it is quite clear that recovery without operation is impossible, or very unlikely (one branch hospital of the principal Manchester military hospital is set aside for the special study and treatment of nerve cases, and is known as the Neurological Hospital), the patient has the damaged nerve dealt with according as it belongs to one or other class of cases. In one case the nerve is not divided, but compressed by surrounding scar tissues, fibrous in character, or due to the formation of an excessive amount of callus (bony material) after union of a fractured bone. In this type

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### WEDDING BELLS

BARTLETT-WOODMAN

On Wednesday morning, Oct. 11th., a very pretty wedding was celebrated at the home of Mr. O. G. Johnson, Millertown, when Mr. J. W. Bartlett and Miss B. Woodman were united in the Holy Bonds of Matrimony. The Rev. T. E. Loder of Grand Falls performed the ceremony. The bride was charmingly dressed in white crepe de chene and draped with white chiffon. She was attended by Miss M. Kneen. Dr. Loder performed the duties of groomsmen. The groom's present to the bride was a gold pendant, and to the bridesmaid a gold brooch. Mr. Bartlett is the general manager of the Royal Stores of this town. The popularity of the young couple was evidenced by the numerous guests present and the variety of the wedding presents. In the evening the happy pair left for Bay of Islands on a short honeymoon. Mr. and Mrs. Bartlett will be gladly welcomed on their return, when they will take up their residence in Millertown.

of case the nerve trunks are exposed by operations, freed from the surrounding scar tissue, and after wrapping a special animal membrane round the freed nerve so as to prevent further adhesion to surrounding scar tissue the wound is closed. A case in this group recovered within two or three months.

In another group, although the nerve has not been divided by the bullet or shell wound, scar tissue has grown round the nerve in such a way as to make a definite construction. It is as though a ligature had been tied about the nerve. Here the damage to the nerve is more severe—degeneration may have set in,—and possibly the small area of compressed nerve must be cut out, and the divided ends of the nerve stitched together with fine silk. Recovery in this case is much slower, but is likely to be complete after a few months, the time depending chiefly upon the length of nerve between the point of injury and the termination of that nerve in the limb.

#### Skin and Bone Grafting

The transplantation of living tissues—nerve, tendon, bone and skin—is quite a common operation in Manchester, and many operations of orthopaedic surgery for the correction of deformities testify to the thoroughness of the work, and make clear the fact that nothing is left undone to restore the injured soldier so as to fit him to resume his place in the ranks of the army or to return him, almost unimpaired, to his former work as a civilian.

The transplanting of bone and tendons, the supply of new elbow joints, skin grafting, and the giving of life to partially paralyzed muscles are among the other remarkable achievements in our Manchester hospitals. Some marvellously successful skin-grafting operations have been performed with a view to removing all traces of scars on the face or hands. The skin is usually shaved from the patient's thigh. It might be from two to six inches wide and about the thickness of very thin paper.

#### Stitching the Nerves

In another group of cases the nerve has been divided, partially or completely, by the bullet or other foreign body, or by the sharp end of a fractured bone. Here there is absolutely no prospect of recovery in the damaged nerve unless the divide ends are found, freshened so as to oppose nerve fibres to nerve fibres, and sutures (stitching by threads of silk) applied to hold the ends together. Some of these cases present special difficulties, and various ingenious plans are adopted to deal with individual cases. Where the divided ends of the nerve can be brought together without much tension, simple stitching with fine silk gives excellent results. But some times there is a gap between the ends of the nerve, and for this various methods have been adopted. Occasionally the main bone of the limb is shortened so as to allow the two ends of the nerve to meet, or the nerve is diverted at a point and in such manner as to give a more direct course to its ultimate distribution. In other cases there is no alternative but to take a piece of other nerve from the same patient or from a fresh and quite healthy portion of an amputated limb to complete the circuit and restore continuity of the nervous system.

Results on the whole are good, but a considerable time must elapse to secure complete restoration of function, which is greatly aided by massage and electricity. Here one must pay a tribute to the devoted band of masseuses whose skilled services has been placed at the disposal of our soldier patient. Not only in the nerve cases, but in the numerous stiff joints, following injury, massage is proving of the greatest service.

#### The Superlock.

I do not fear the ticking clock. The striking one does me no harm; But oh, I dread the brutal shock Of the demoniac alarm!

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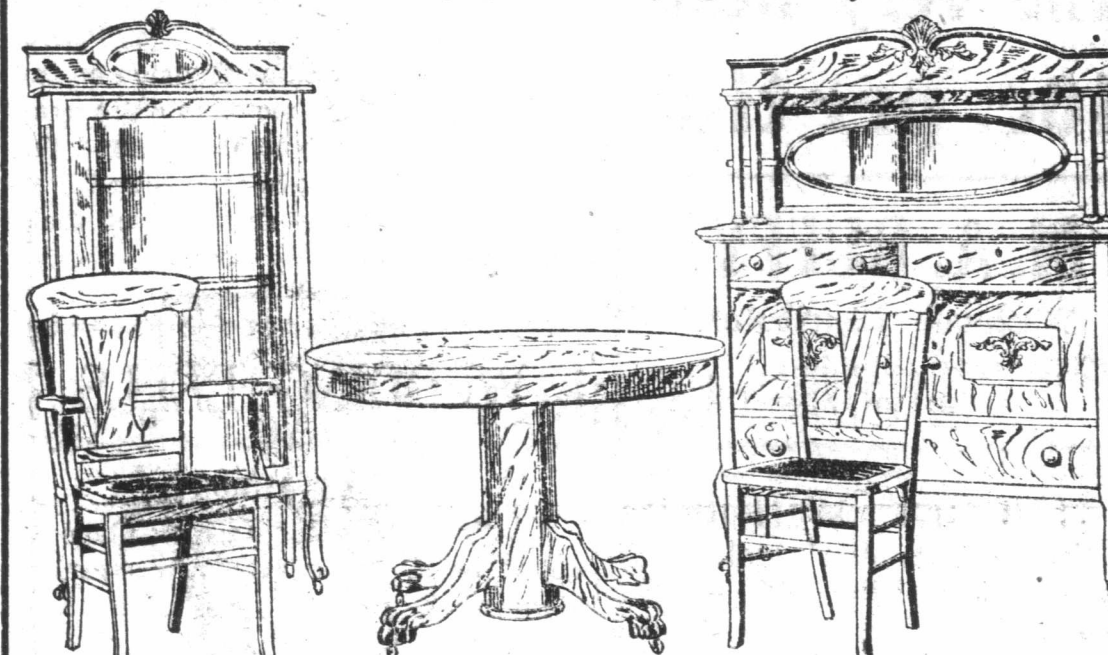
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