

## Original Communications.

*Two Years and a Half in a London General Hospital.* By G. F. SLACK, B.A., C.M., M.D., M.R.C.S., Eng. Late House Surgeon Charing Cross Hospital, London.

Any of the London hospitals afford a student ample opportunities of studying cases of fracture, dislocation, &c., and especially one situated like Charing Cross, on the leading, although very narrow highway from the city to the west end. The traffic on this street, the Strand, is very great, and although the London bus drivers, cabmen and coachmen are wonders in their way, still, in the course of a year a large number of people are run over, knocked down or thrown from vehicles. Covent Garden market also furnishes a large number of cases as well as the different lines of railway centering at Charing Cross. On great holidays, such as the day set apart for thanksgiving for the recovery of the Prince of Wales, &c., an immense number of accidents occur, owing partly to the narrowness of the streets, partly to the large crowds assembled, but chiefly, I am afraid, to the free use of what is now, by some, called the national beverage of England. I have attended, on one of these occasions, to as many as seventy cases of accident in one day, varying from slight cuts, contusions, etc., to cases of concussion, fracture, and occasionally, cases of suffocation from close crowding. In a considerable proportion of these cases, the head is the seat of injury, and the immediate cause of the injury a pewter pot, which, in skilful hands is a very formidable weapon. The treatment of scalp wounds of any size or extent was almost invariably the following: After cleansing the wound carefully, the edges were brought together with silver wire and the wound then covered with a pad of lint soaked in a solution of carbolic acid. There is an idea in the minds of some men, that the use of wire sutures for scalp wounds increases the danger of erysipelas. I am quite sure that this is not the case; but of this I am also certain, that when erysipelas does occur in any of these cases, the sutures ought to be at once removed, and if the symptoms continue, a free incision down to the bone will give speedy relief.

One of the great advantages of wire sutures is that bleeding, in nearly all cases, will be speedily arrested, providing sufficient care is taken in their application. Another is, that in a healthy person the wound will unite by first intention. Sometimes the bleeding from scalp wounds is very severe in

spite of sutures, pressure, the application of ligatures, iron, etc. I have seen two severe cases in which all these means completely failed, and the bleeding was at last arrested by sitting the patients upright in bed, supported by bedrest and pillows and applying ice-bags to the nape and sides of the neck. Such cases, no doubt, are rare, but they will occasionally occur. Whilst speaking about wounds, it is interesting to notice that, in wounds of the scalp and about the body, some dressing or lotion is nearly always applied after the edges have been brought together, while in wounds of the face the usual treatment is to bring the edges carefully together, either with plaster or, what is generally better, fine sutures of wire or silk, and then to leave them exposed to the air. I have seen this followed where extensive incisions had been made through the face, as in operations upon the upper jaw. This practice no doubt arose from the difficulty or inconvenience in applying dressings and bandages. In most cases it is very successful, however, as nearly every medical man who has tried it can testify.

In a considerable number of these cases of injuries to the head, one or more of the bones of the skull were fractured. The following, selected from the number, are interesting:

A girl, aged 12, fell from a second story window, striking head foremost upon the stone pavement. She died immediately. The curious point in this case was, that although the bones of the skull were all broken or separated and the fragments moved freely one upon another, there was not the slightest cut, break, or apparent bruise of the scalp.

A second case was that of an Irishman, about fifty years of age, who, in passing near a scaffolding upon which bricklayers were at work, received a brick full upon his left temple. He was knocked down and for the moment stunned. In a few minutes he recovered sufficiently to be able to walk to the hospital, where, on examination, his skull was found to be fractured and a triangular piece of bone considerably depressed. No bad symptoms occurring to justify interference with the depressed portion of bone, he remained in hospital some weeks, until some small fragments of dead bone came away, after which the wound rapidly healed. For some months after leaving hospital he remained under observation, but the only effects of the injury were slight pain in the head and very obstinate constipation, requiring constantly strong purgative medicines.

A third, and very tedious case, was the following: A contractor, aged thirty, fell from a scaffold to the ground, a distance of about twenty-five feet. He