

I shall in this letter merely report the emergency cases to which I have been called in company with Dr. Evans.

Monday Morning, May 8th.—Dr. Evans hurriedly summoned to a boy who had been kicked in the face by a mule. My assistance was desired, and I therefore had the satisfaction of seeing a most interesting case.

Boy about 17, a mule driver in the mines. He had been carried out of the mine and driven home on a wagon, which must have shaken him up severely. When seen, he was in bed in a deep sleep; some very dirty cloths were about his head which were saturated with blood and *coal dust*. Some little difficulty was experienced in rousing him, but after a shake or two he informed us he was in great pain. Cloths removed, and two large scalp wounds exposed, one cut extending to the bone and ranging from the outer angle of the right orbit in a direction upward, inward and backward, and about three inches in length. The edges of the cut were somewhat ragged, and the surrounding tissues much contused. The bone just internal to the external angular process was bare of periosteum, a vertical linear depression was manifest, and a small spicula of bone could be felt. A slight cut was also present on the right upper eyelid. The eyelid was somewhat puffed, but not more than should be expected; it was moved freely and without any apparent pain. The eye was moved freely without pain, no ecchymosis, and the pupil reacted to light. Some cloth removed from right ear. Drum intact; and no fissure. Considerable coal dust in this wound. Another deep cut was apparent just near and above the right ear, almost horizontal, and exposing most beautifully the temporal muscle. The scalp was almost free between the two wounds, and the whole side of the head was puffy and swollen.

TREATMENT.

Hair was cut away, part washed as thoroughly as possible (some coal dust will always remain), and the cut exposing the temporal brought together by one suture (no drainage). The larger wound over the ext. angular process was brought together by four sutures and iodoform gauze drain inserted. The application of ice was rejected.

Tuesday morning.—Case doing nicely. Temp. 100, pulse 84. Bowels have been thoroughly evacuated, drain removed, healthy looking, but another inserted. Temporal wound united, but looks puffy. Dr. E. separates the margins in case of accident.

Wednesday.—Case reported doing well.

Thursday.—Patient walking about. Slight suppuration about the temporal wound, iodoform gauze drainage inserted. Swelling much reduced, and recovery almost certain. There must be some antiseptic property in coal dust, as wounds here are seldom free from it, yet, if seen early enough, before some old woman begins tinkering,

suppuration is rare. It is a common thing, they tell me, to see a crushed arm or leg just packed with dust, the required flap being literally covered with it, and yet union readily takes place. It is absolutely impossible to wash and scrub it all away.

Friday.—Patient came to drug store to be dressed, looking well.

Dr. Evans asked me to see case.

Miner about 35, married, struck by the products of premature blast. He was running away from it when a large piece of coal struck him from behind in the left popliteal space. He fell forward on his left knee with considerable force, at the same time being struck by coal all over the body with more or less force, a large piece striking him in the left buttock and causing him to stand almost on his head (as per eye witness).

When seen, he was suffering great pain in the knee, but more so in the hip and left buttock which was found contused and swollen. Pelvis and hip joint intact. Some flesh wounds all over the back, arms and legs; none severe enough for treatment. The knee was found without swelling and to crepitate on movement, the proceeding causing great pain; partial flexion with considerable pain, complete flexion impossible. No effusion. Transverse fracture of patella excluded. On taking hold of patella on each side and moving it, a vertical fracture was diagnosed, a slight linear depression being manifest in the vertical axis.

Back splint. Ice. Case doing well.

Wednesday evening.—Case doing nicely, no effusion.

Thursday evening.—Case doing nicely, no effusion.

Monday evening.—Case doing nicely, no effusion. Ice removed.

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BOOK NOTICES.

PICTURES FOR PHYSICIANS' OFFICES AND LIBRARIES.

Edward Jenner, the First Inoculation of Vaccine, May 14, 1796.

Andrew Vesalius, the Anatomist.

Spoonful Every Hour.

The Sick Wife.

Ambrose Paré Demonstrating the Use of Ligatures.

The Young Mother.

The Village Doctor.

Prof. Charcot's Clinic at the "Salpêtrière" Hospital, Before the Operation.

The Rebellious Patient.

Study in Anatomy.

William Harvey Demonstrating the Circulation of the Blood.

The Anatomical Lecture.