Original Communications.

Two years and a half in a London General Hospital. By G. F. SLACK, member of the Royal College of Surgeons, London, late House Surgeon Charing Cross Hospital.

A few months back there appeared in the columns of your journal some very interesting letters about London and London hospitals, from the experience of Dr. Perrigo, who had ample opportunities of observing the general management and different modes of practice in those institutions. I think, however, that following on the above a more minute account of the class of cases admitted into a London General Hospital, with a general idea of the treatment pursued, would be of interest to those of your readers who have not visited the old country. The Hospital to which I was attached is situated in the very centre of London, and affords ample accommodation for 160 patients. Eighty of the beds were set aside for surgical cases; seventy for medical; ten were at the disposal of the Physician accoucheur. Of the surgical beds, twenty were occupied by children between the ages of two and ten, suffering chiefly from so-called scrofulous disease of joints, hips, knee, ankle, shoulder and elbow, in their order of frequency. Cases of spinal disease, where treatment in an hospital would be considered beneficial, burns, scalds, fractures, etc., and occasional cases of stone in the bladder, although the latter cases are usually picked up by hospitals specially intended for that purpose, or are taken to surgeons specially skilled in Lithotomy, viz., Sir Henry Thompson, Sir William Ferguson, and others. The children, as a rule, belonged to London, and were of the half-starved, badly clothed order, although occasionally cases were sent up from the country for operation.

The different methods of treating hip-joint disease in its earlier stages were as follows:

1. To let the child lie in bed without any appliance.

2. To apply an interrupted liston with a perineal bandage.

3. A small sand bag attached to the foot with a perineal bandage passing under the opposite, that is the sound hip, and fastened to the head of the bed. Some surgeons prefer the perineal bandage to be applied on the diseased side.

The following was the ordinary way of applying a sand bag: A strip of plaster about 2 inches wide was stuck along the inner side of the leg, commencing below the knee and passing round the sole of the foot forming a loop, and then up the outer side of the leg, a bandage being then applied to keep it fast. A sand bag, weighing from five to ten pounds, was fastened to the loop by a cord which passed over a roller fastened to the foot of the bed. By this means extension is applied directly in the axis of the limbs. Too much care cannot be taken in applying any instrument to the human body, but especially in the case of children, who are quite restless enough naturally, and do not take kindly to splints, so that every care should be taken to have the splint properly padded, to prevent bandages from chafing, or joints being kept on the strain as the ankle joint often is, through the foot being pointed downward too much.

4. To fix the hip-joint by the application of a plaster of Paris bandage to the limb and pelvis.

5. The splint devised by Dr. Sayre, of New York, was occasionally used, though not with as much success as he claims for it, although it answers very well as long as the patient is confined to bed—effectually relieving pain. It is not reasonable, however, to suppose that any instrument can be devised that will allow the patient's walking about, and at the same time preventing the head of the femur from touching its socket, if even only very slightly, still, when the joint is inflamed, causing intense pain.

6. Of the many methods of treating disease of the hip-joint in its earlier stages, or even after operation, I think Mr Barwell's plan is by far the best.

It is as follows:—A wooden splint, like an ordinary long liston, with this exception, that it has a a hinge joint opposite the hip, allowing the splint to be opened outwards, is bandaged to the limb as high up as the knee, a loop of strapping having been first fastened to the leg, as described above. From this loop a cord passes round a pulley, which is fastened to the lower end of the splint, up the outside of the splint over a pulley on the upper end of the splint, and then is fastened to a perineal bandage. This cord can be gradually tightened. Then a waist bandage is applied.

The great advantage this method has over others is that, in addition to steady extension, the limb can be abducted to any extent, which is one of the best means of preventing the tendency to great shortening after excision of hip. This fact is well enough known to any one who has had the care of many cases of fractured femur.

I have had opportunities of watching this plan of treatment, both in the hospital as well as in private cases of Mr. Barwell's. Whether he was fortunate in his cases or not, it is very difficult to say, at any rate I saw the disease arrested in two cases, one after wearing the splint constantly for three months. The