

Some Wounds of the War

Poor Torn Faces and The Marvels of Plastic Surgery That Are Being Performed

(By Arthur Mason, special correspondent of the Empire Press Union.)

London, Nov. 7.—At Sidcup, in the county of Kent, there is a war hospital which is assured of distinctive fame, even though the war hospital of today is universal and its relief of suffering a very miracle of beneficent achievement, to say nothing of the preventive effort of medical science, by means of which tens of thousands of lives have been saved to the British army, and its branches, that is so successfully active at this hospital of Sidcup—specialized surgery, concerned solely with men who have suffered facial wounds.

Facial wounds are necessarily among the most distressing of all the varied hurts of war. They are rarely less than disfiguring, and very often they are disfiguring to the point of shocking unfitness. More than that they are usually wounds which, directly or indirectly, have injurious effect upon the functions of vital organs. The surgery intended to relieve them employs itself, therefore, not only with the repair of facial deformity, but also with such restoration of the injured parts as will assure to the body as a whole its normal health and vigor. An institution which should specialize in the surgery of wounds of this class was not always regarded as necessary. But the gradual increase in their number and their severity, the surgical problems they set up, and the inevitably protracted treatments they demand now, make it clear that the facial wounds of soldiers and sailors, too num-

erous, too complex, and too specifically a study in their own right for general surgery can be adequately handled only by men of specialized training and experience. Major H. D. Gilles, R. A. M. C., who is in charge at Sidcup, and the staff assisting him, are of that quality. They have in their care some 800 patients, of whom 150, more or less, are not in residence but await on furlough—though under supervision—the operations that are the next stage in their relief. The administration of the hospital and its auxiliaries is in the care of Lt. Col. Colvin, commandant, and it is increasingly an interest of the medical profession and the army authorities, to the mere layman, even a glimpse of its work such as one was recently allowed reveals unthought-of and almost incredible wonders of surgical science.

Rather Gruesome.

The patients are very fortunate in respect of surroundings. The hospital wards and necessary offices are built up in a series of airy and admirably lighted huts spread about the grounds of a large country house, while the walks abroad available to the convalescents are of typically Kentish charm. The visitor may, as he prefers, see the patients themselves and their injuries, or photographs of patients at progressive stages of their treatment, or masks and models of the injured faces as they were first presented for that treatment. There is, for example, in one corner of the hospital a little museum. Hung about its walls are plaster casts, and water-color drawings from life, of wounded faces, and within its cabinets are faces modelled in wax with all their injuries plain to see. It is not a pretty display. On the contrary, it is rather gruesome—and for that matter the whole array of what is to be seen at this Sidcup hospital will distress the visitor until he is able to set against the pitiful ugliness of this aspect of war the unflinching agency of the surgeon's work upon it. In the light of that, he will begin to bear the shock, to look without shuddering upon these pathetic distortions of the human features, and to think less of the wounds which are their cause than of the skill which so unflinchingly heals and hides them.

The nose, the mouth, the jaws, and the cheek surfaces suffer grievous hurt in the battles of today. Here is a typical case—that of a nose-wound, the bullet inflicting which has torn most of the feature from the face and has left in its stead a rather dreadful wreckage. The staff at Sidcup, however, see the injury as one eminently suited to the magic they call plastic surgery. By virtue of plastic surgery they will make

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a nose for that now almost noseless face. The marvel to be wrought will need time—perhaps a year, perhaps eighteen months. It will be a matter also of delicate operations, the number and scope of which only the progress of the case will reveal. But the problem set—the provision of a new nose—will be solved without any manner of doubt. And this is the way of it.

Making a Nose. As a first step, measurements are taken and models are made which determine the shape and size of the restoration called for, and the surgeon begins to work upon the damaged tissues, preparing them by operation for efficient contact with the surface covering of the nose to come. That repair of the tissues is more or less familiar surgery, but at Sidcup it is a matter of infinite variety and exhaustive and often novel methods. And as for the actual provision of a nose, that is a wholly new marvel of the healing art. It is quickly in being, nevertheless. From the man's rib is removed a spread of cartilage equal to the measurements already taken—removed from his rib and grafted upon his forehead, and shaped and fashioned there with due regard to the model already made. And from each cheek a flap of skin is lifted and attached by one end to the transferred cartilage, its other end remaining affixed to the face. The cartilage, built into due shape, is now a nose merely out of position. It is left to grow upon the forehead until the tissues awaiting it are healed, and then, when all is ready, it is lifted again, drawn down by the flaps of skin and fit-

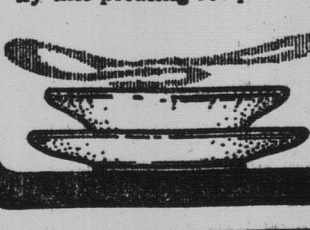


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ted carefully into the place where it should be. Other magic is wrought upon it by way of finishing touches, and the scars upon the forehead and the face are excised by grafting and by massage. The scar upon the body already has vanished, but in any case was of no great moment. The surgeon's triumph—and the patient's—is in the fact that a nose has been provided, the contour of the face has been restored, and the wounded man is saved a distressful unsightliness. Sometimes, of course, the injury is less severe. Sometimes the nose needs but partial restoration. Most often, it seems, the bridge is shot through, and the wizardry called for is that which will fit new bone and new tissue into an invisible junction with the old. Sometimes, on the other hand, they get at Sidcup a case such as that of a man the entire front of whose face had been blown in by an explosion of cordite, a dreadful injury which, however, was healed with marvellous result by the transplanting of the skin of his chest. But whatever the injury may be, these

Sidcup surgeons seem prepared for it, and in case after case of nose-wound they are restoring terribly disfigured men to the normal, men who will bear upon their faces only negligible scars to suggest the affliction they have escaped. There are many cases, too, of mouth-wounds, in which the lips and their surrounding have been shot away, wholly or in part, and are restored again by similar wonder-working. In each such case an operation or two—plastic surgery—flaps and attachments—transplantings of skin and mucous membrane from one place to another—great skill and infinite patience—and the thing attempted is done. The mouth emerges as it was before its injury. Threatened disfigurement is replaced by scarcely perceptible lines upon the new surface. The man is whole again.

Jaw injuries are more serious and often are very complicated, almost always, indeed, needing the closest care of the dental specialists whose task it is to build anew upon the ravage of bone and tissue confronting them. The dental department is necessarily one of the most important centres of the work at Sidcup, and every possibility of jaw injury is known there and assured of highly expert attention. A typical jaw patient is a man whose wounds are a matter of disastrously cut and torn flesh and lost or fractured or splintered bones. Apparently, the mouth is ruined. The line of the face is destroyed seemingly without hope of repair. But the surgeons are soon at work, the X-ray disclosures are read, the operations begin, and the shattered framework of the jaw is restored by graftings of bone and tissue and by mechanical supports—palate plates, vulcanite splints, biting flanges, etc. Then, with the foundation firmly laid and the functions of jaw and voice once more efficient, the exterior miracle is wrought, the miracle of plastic surgery with its grafts and flaps and all the accessory magic of its healing and concealing. This, surely though slowly, science and skill and patience prevail, deformity and ugliness give place to presentable contours, and one more sufferer is transformed and restored.

All this, however, is merely to hint at the marvels of daily achievement at Sidcup by virtue of plastic surgery and the wealth of specialized skill within the meaning of that word. It is comparatively recent work, but already it is established as a brilliant contribution to the unparalleled surgery of this war-time. Furthermore, it is increasingly of interest to the dominions, for, while wounded dominion soldiers are already treated there, it has now been decided,

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