

The inference to be drawn from these extraordinary cases may be summed up in two words, sometimes applicable in surgery as in other matters—*nil desperandum*.

Let me now draw your attention to the list of accidents treated at London Hospital during last year. Independent of hernias, retentions of urine, hæmorrhage from causes not mentioned as accidents, they amount to the large number of 10,374. Out of these there are—Fractures, 1216; Wounds, 2912; Contusions, 3269; Sprains, 1206; Dislocations, 114; Concussion of brain, 42; Burns and scalds, 517; Bites of dogs, &c., 134; Foreign bodies in various passages, 162; Corrosion from acid, 1; Thecal abscess from injury, 122; Inflammation from injury, 645; Attempts at suicide, 34.

I have also before me an interesting analysis of the fractures which are arranged thus:—

Skull, 17; Face, 30; Spine, 7; Ribs, 222; Sternum, 4; Pelvis, 4; Thigh, 80; Patella, 17; Leg, 203; Foot, 39; Scapula, 13; Clavicle, 137; Humerus, 80; Forearm, 287; Hand, 126.

Thus it will be seen that fractures of the forearm are the most numerous. Next, in frequency, are fractures of the ribs; next, of the leg; then the clavicle, hand, &c.; and the bones least obnoxious to fracture, are those of the pelvis, the sternum, and the spine.

We deduce this inference from this list, that those parts of the body which are most in use, are the most liable to fracture; as, for instance, the forearm. From an estimate I made some years ago, I found, in corroboration of this remark, that fracture occurred more frequently to the right forearm and the left leg, and that the ribs were more frequently fractured on the left side (as perhaps less defended by the left arm).

I now proceed to consider the treatment of accidents in general. You are first, then, to see whether there is any bleeding. Whatever the nature of an injury, hæmorrhage is your first care, and therefore if you see any marks of blood, you strip off the clothes and look for the source of hæmorrhage, on which you clap your finger, being certain that hæmorrhage from an artery within ordinary reach can be arrested momentarily by pressure of the finger firmly applied. Of this subject, however, I shall treat when I come to the subject of hæmorrhage.

The position and appearance of the patient will sometimes afford you at once a clue to the nature of the injury, and if he be sensible he will point out what has happened. Thus, if the thigh be broken, you will find in all probability one foot turned out, and an attempt to move the limb will cause excruciating pain; so, also, pain on attempt at motion will lead to the detection of other fractures. I have said that the patient's own sensations will sometimes lead you to a diagnosis of the injury, but this will not always serve you. I remember being called to a plumber who had fallen into the area of a house he was engaged at; he was unable to stir, but perfectly composed, and when I expressed my sorrow that he had met with so severe an injury, he replied with a calm countenance that the mischief was not so severe as I imagined, as he was in no pain whatever. He had, however, broken his spine in the lower cervical region, and soon sunk, I need not say, under the effects of this terrible injury.