

PERISCOPIC DEPARTMENT.

SURGERY.

CASES ILLUSTRATIVE OF THE READY UNION OF SEVERED FINGERS WHEN CUT OFF BY CLEAN AND SHARP INSTRUMENTS.

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As provincial surgeons, living, as many of us do, in the midst of agricultural districts, where sharp instruments are constantly used by labourers, we are often called upon to attend to injuries inflicted by these instruments; and perhaps the most frequent of these injuries are amputations of the fingers through the men pushing their hands amongst the straw and hay of a chaff-machine whilst the instrument is in full operation.

It is to be regretted that, in the panic of the moment, the poor patient rushes off in haste to the surgeon, leaving behind him the severed part, which becomes trampled upon and lost, and thus the chance of restoration is withheld. I always, however, direct a rigid search for its recovery. The following case illustrates this fact.

A young man, Edmund Bedford, an apprentice to a wheelwright in this town, severed the end of his thumb by a sharp blow of a hatchet. He ran off immediately to me, accompanied by his fellow-apprentice. The cut was not lacerated in the least; it was a clean cut, and admirably adapted for grafting; but the end of the thumb was in the sawpit. I despatched the youth who accompanied the patient to look for it; he returned very soon with the absent portion carefully wrapped in paper, but invested in sawdust. When this was removed, I fitted the part accurately on the wound; and placed a strip of lint two-thirds down the thumb, carrying it over its loose end to the same distance on the opposite side; round this I wound a longer strip of lint, and finally secured it with strapping. To make it still safer, I covered it over with what is called a thumb-stall. At the end of ten days perfect union had taken place; and at this time the thumb is as good as ever.

A labourer of the name of Pell, from a neighbouring village about three miles from my residence, cut off three fingers by a chaff-machine. He came hastily into the surgery, threw down his fingers on the table, and exclaimed: "I need not tell you what's the matter with me, sir." "No; but I am glad you brought your fingers with you; for I shall put them on again." The man objected much to this, and for some time obstinately refused to submit to such "foolish nonsense;" however, I succeeded in carrying my point, and the severed fingers were replaced on the wounds. The result was satisfactory; perfect union was established.

About three weeks since, William Clare of this town, publican, came to my surgery, having severed the ring finger of the left hand by a chaff-machine, immediately below the nail, cutting through the phalanx. He was followed by his son, who had discovered the finger amongst the chaff. I carefully replaced it; and treated it in the same way as the preceding cases. At the end of ten days, union was perfect. The nail sloughed off, and a new one is rapidly forming.

I record these few cases out of many, to shew what may be done by the plastic principle of adhesive inflammation even in the restoration of parts which have been separated from the living body, and usually regarded as incapable of reanimation; and also to press upon my brethren never to lose sight of the chance of trying the effects of human grafting, especially in joints like the fingers, where the measure of vital energy required for reanimation is so small.

For my own part, I have not had a single instance of failure in a somewhat