REMARKS

ON

THE TREATMENT OF WOUNDS.

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IN a recent number of the *Nineteenth Century*, Professor Tyndall has stated that the system of wound-treatment which I employ and that of Mr. Lister are practically the same.

From time to time, I have stated the results obtained with the cases under my own observation; and as these results continue their satisfactory character, it is unnecessary to refer to them further. It may, however, be of interest if it be mentioned that, tabulating the cases treated in the two wards which are under my care (one for male, and the other for female patients), there have been under treatment during the last eight years 2,070 cases, with 68 deaths; showing a mortality of about 34 per 1,000, or of 3.4 per 100.

Amongst these cases are included the chief operations which have been, of necessity, performed. I say, of necessity, because I trust that each year we are learning how better to avoid the need for having recourse to many an operation by closer attention to details of treatment, more especially in the case of severe lacerated and other wounds. Not that the total number of operations is thus materially affected, for, with improved methods for the treatment of wounds, operations are now indicated which, until recently, were rarely if ever practised.

The death-list is largely made up of patients dying from burns, from diabetes, albuminuria, phthisis, caries of the spine, spina bifida, hernia, and such various troubles as, unfortunately, are still prominent in such a list.

Granting, with Professor Tyndall, that the method we adopt is akin practically to that used elsewhere, I wish more particularly to point out, as I have before stated more than once, that it is essentially one of extreme simplicity, one which can be effectually carried out by any surgeon under any circumstances without any difficulty.

In illustration, the case of a patient aged 16 may be referred to. For the treatment of a severe case of genu valgum, I opened the knee-joint, and with a saw separated the internal condyle of the femur from the shaft of the bone. The condyle being displaced upwards, the limb was easily brought into the straight position, and in that position was secured by a long splint (Dr. Ogston's operation). The wound, which admitted at one and the same time the long knife used for penetrating and dividing the soft parts and a stout saw, had a depth of about three inches and, where the skin was divided, a length of about one inch. No carbolic or other spray was used at the time of the operation or at any time subsequently. The wound was covered with a doubly folded piece of lint soaked in carbolised oil (1 in 12); over this was placed a larger piece of lint, likewise soaked in the oil; and over all a yet larger surface was covered with some ordinary gutta-percha tissue. The dressings were examined daily, the gutta-percha tissue being lifted and the outer layer of lint being changed, the gutta-percha being then replaced. The inner layer of lint was left undisturbed on the wound for three or four days, being each day refreshed with carbolised oil (poured upon it or painted over it with a camel-hair brush). Whenever this layer of lint was changed, the wound was freely exposed to the air. The patient got well without any constitutional disturbance, and the parts healed in the ordinary course. Treated in a similar manner, there are at this time under observation in one of my wards a severe compound fracture of the femur into the knee-joint, and two cases of compound fracture of the leg; in one of the latter, it was not necessary to disturb the inner layer of lint for nine days after its first application.

Of course, these are but casual illustrations, from many similar cases, to show how a very simple plan suffices to ensure that condition of cleanliness which is essential to the sure and rapid healing of severe wounds, or wounds practised upon parts which it was formerly considered hazardous to involve in operations. With this cleanliness must go "rest", and with this will be ensured "ease"; and when deep wounds, or wounds the surfaces of which are not easily and closely adapted, are concerned, thorough drainage is of prime importance.

I do not like to write of "antiseptic" treatment, because I regard the treatment of wounds as a matter of strict adherence to the established rules of surgery, and I consider it undesirable to prefix a term

which may seem to specialise the method of wound-management. But the results claimed for antiseptic surgery can be ensured by the plan which we have now used for many years, and of which I venture to write as being as simple as it is efficacious.

I believe, with the exercise of care and by close attention on the part of the surgeon, that different methods of treatment will yield good results. As to the plan employed in my wards in relation to the proposition that germs are causative in producing bad results in the case of operation and other wounds (but without committing myself to this view of their influence), let me add that, whilst other methods aim, amongst other things, at the entire exclusion of such germs from wounds, I shall rest content to allow their ingress, feeling quite sure that after such entry they are absolutely prevented from doing any harm by the treatment we adopt.

Being not infrequently asked for information respecting the general results of amputation operations at St. Bartholomew's Hospital, I take this opportunity for adding tables compiled from the statistical reports of the hospital, showing all the amputations performed during the undermentioned periods in continuation of the cases previously tabulated from 1853 to 1863, both years included (*Medico-Chirurgical Transactions*, 1864).

1864-1869: Both Years included.

	Results.		T totals.
	R.	D.	
<i>Primary.</i> —Shoulder-joint	1	—	1
Arm	10	1	11
Forearm	20	1	21
Thigh	3	1	4
Leg	9	12	21
<i>Secondary.</i> —Arm	6	2	8
Forearm	3	—	3
Thigh	9	10	19
Leg	5	5	10
<i>All others.</i> —Shoulder-joint	2	—	2
Arm	15	—	15
Forearm	10	—	10
Thigh	45	30	75
Leg	44	20	64
Total	182	82	264

1870-75: Both Years included.

	Results.		Totals.
	R.	D.	
<i>Primary.</i> —Shoulder-joint	—	1	1
Arm	11	2	13
Forearm	13	—	13
Thigh	3	3	6
Leg	5	1	6
<i>Secondary.</i> —Arm	4	1	5
Forearm	2	—	2
Thigh	5	—	5
Leg	8	1	9
<i>All others.</i> —Shoulder-joint	2	1	3
Arm	2	1	4
Forearm	13	1	14
Hip-joint	2	2	4
Thigh	79	14	93
Leg	66	5	71
Total	215	34	249

SCARLATINOID ERUPTION IN THE AGUE OF YOUNG CHILDREN.

I AM much obliged to Dr. Handfield Jones for pointing out that he had already noted the occurrence of cutaneous hyperæmia and red eruption in the malarial affections of young children, and regret that I had not been cognisant of this when I published my paper on this subject a fortnight ago. It is satisfactory to find that my experience corroborates his previous observations. The chief difference is, that in the first of my cases the rash appears to have been brighter and more like that of scarlatina, and the malarial fever a genuine tertian ague, instead of the less regular intermittent described by Dr. Handfield Jones. I can further confirm his statement, that cases of malarial disease arise in London. I have seen several instances in children who have never been away from the city.

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