

In accidents, and at other times : a lecture delivered to the City of Oxford companies of the Oxfordshire Rifle Volunteers / by E.L. Hussey.

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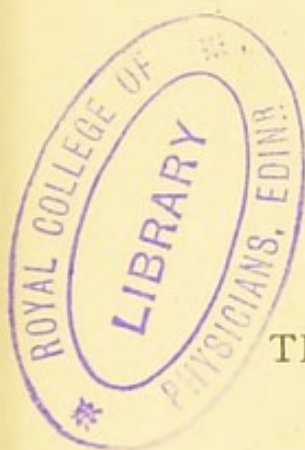
IN ACCIDENTS,

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— AND AT OTHER TIMES.



A LECTURE

DELIVERED TO

THE CITY OF OXFORD COMPANIES

OF THE

OXFORDSHIRE RIFLE VOLUNTEERS,

BY

E. L. HUSSEY,

SOMETIME SURGEON AND SURGEON-MAJOR,
OXFORDSHIRE RIFLE VOLUNTEERS.

THIRD EDITION.

OXFORD:

HORACE HART, PRINTER TO THE UNIVERSITY.

1889.



THE notes of this Lecture were printed in *The Oxford Times*, *The Oxford Chronicle*, and *The Volunteer Service Gazette*.

The following remarks are taken from *The Volunteer Service Gazette*:—

“Unless a man has served some apprenticeship in surgical matters, it is marvellous how soon he loses his head when called upon to assist a comrade in misfortune. With every anxiety to do what is right, it is lamentable to think how often the wrong thing is done, the needful left undone. It would be too sanguine to expect that Mr. Hussey’s Lecture will all at once convert a battalion of Volunteers into an intelligent corps of Hospital Orderlies; but Mr. Hussey has set a good example to those of his professional brethren who are connected with the Volunteer Force, and we shall hope to see the rudiments of field surgery gradually disseminated throughout our ranks. . . .

“Any one who has lived in the country knows what severe cases have often to be treated in this rough-and-ready way. A reaper receives a ghastly wound in the leg from his own or his neighbor’s hook; the groom gets his fingers cut off in the chaff-cutter; or a laborer has his arm crushed by the thrashing-machine. These are occurrences with which every farmer is familiar; and happy is it for the parish if the Parson, who in remote country districts is generally summoned in the first instance on these occasions, has his wits and a roll

of lint about him, and his knife and scissors sharp and fit for use. . . .

“ True it is that at a Review one or more Medical Officers are pretty sure to be present; and when professional advice is to be obtained, it would be the height of vanity and folly for an unprofessional person to interfere. But at regimental field-days it not unfrequently happens that no Medical Officer is present; and blank cartridges and ramrods will do as much mischief then, if put into their wrong places, as they will do at a brigade or divisional field-day. Knowledge on such a subject as the treatment of gunshot and bayonet wounds can never be thrown away on a Volunteer. We therefore heartily commend the Lecture to our Readers’ notice.”

In the words of a friendly Critic, the hints “are in truth as applicable to the *non-fighting* heirs of mischance, as to the professed men of war.”

A Clergyman, who has on many occasions found the value of a little early training, thus expresses his opinion: — “It is well calculated to be of use to a large number of persons. For not Volunteers alone, but all who are in the way of an accident, and can remember the instructions given, would find themselves better prepared for what might be necessary.”

“Your useful advice,” wrote Sir William Lawrence, “deserved a more extensive circulation than that of *The Oxford Times*.”

THE MEDICAL DEPARTMENT OF THE VOLUNTEERS.

Letter, — to a Medical Officer.

THE difficulty of carrying out any plan for the union and efficiency of the Medical Officers of the Volunteer Force, and the formation of a Hospital Corps of Orderlies, is — to find the money wanted for the purpose.

The expense of holding a Commission in the Volunteer Service is so great, that you will hardly be able to obtain the services of a Retired Medical Officer of the Regular Forces, unless where it may happen that such a man has retired, in good health and still young, and has entered into medical practise as an ordinary competitor with other members of the Profession. The Medical Officers of the Volunteer Service are the only members of the Force who give Professional services, — with their time and money. Here and there a waggon, or an Orderly, may be provided: but in most cases, if the Medical Officer thinks these necessary, he must find them as best he can.

Your enquiry may do good. You will find what objections are likely to be made, and what difficulties have arisen; and, perhaps, how they have been overcome.

When I joined, as a Private, 20 years ago, there was abundance of Medical Officers in each Corps: it is not so now. After six years' service as Ensign, I

was appointed Surgeon to the Battalion. I was requested to instruct the members of the Corps in "the first treatment," as it is called, of the injured. I gave two Lectures, printed them at my own expense, and circulated about 3000 copies.

While others were discussing the wants of the Volunteer Service, and how to supply them, I told the Adjutant that I would undertake the care of the sick and wounded in our Battalion, in case we were called into active service.

My plan was this. I would first, — before the alarm died out, — collect some money. I would see that every man was provided with a bed "at home," to which he could be sent in case of sickness or injury. The rear would be open; and every sick or wounded man, not actually disabled, could be trusted to find his way home. His uniform, his necessity, or my order, would be sufficient "pass" for him by railway. For the cases which could not be sent home, I would find a farmhouse, or a Church perhaps, not too far from the front, to be used as a Hospital. I should find my own Orderlies, and Nurses; and I would obtain all necessary drugs and surgical appliances. The campaign, though short and sharp, would not be long.

If the Director General of the Army Medical Department took the direction of the Medical affairs of the Volunteer Force, I should be relieved from much responsibility; and I should be ready to act in all respects under his orders.

October, 1880.

IN May 1864, Mr. Hussey gave a Lecture in the Council Chamber at Oxford to the members of the City Rifle Corps, — intended to instruct them how to act in case of accidents happening when engaged in Target Practice, or attending Drill, and on the March, at times when no Medical Officer was in attendance. There was not at the time any Medical Officer attached to the Corps, or to the Staff of the Battalion.

Mr. Hussey remarked that Captain Parsons had lately expressed an opinion that it would be well if some things, — such as bandages and splints, — were kept at the Butt, to be ready for use in case of emergency. Every imaginable precaution was taken, and, happily, no serious accident had happened. Still, it was the very nature of an “accident” to come when it was not expected; and he should be glad to see provision made for such an occurrence in the absence of a Medical Officer.

“When you bear in mind,” observed the Lecturer, “that the weapons in your hands are dangerous instruments, and that now and then a mistake is somehow made in handling them, you will not think this opinion of Captain Parsons unreasonable, or that any preparation should be neglected as useless.” Other members

of the Corps had given their opinion that some short directions might be printed, which should be always accessible and easy of reference.

He said that in case of an accident, very few things were wanted beyond what they all had about them ; that the necessary directions need be very short, and would be best carried in the memory. If printed, a book would be useless, for it would not be at hand when wanted ; nor, — if at hand, — would people, under the excitement of an accident to which they were not accustomed, be at leisure to refer to it, or calm enough to understand it, and apply the directions in it to a useful purpose. In an emergency, whatever its nature, people *will* act, — they must act ; and although, in such an event, they should summon a Medical Practitioner, the emergency itself must be treated on the spot by the friends, — by the by-standers. People should be prepared before the emergency arises. That was the purpose of his requesting their attendance that evening, and the Mayor had kindly granted the use of the Council Chamber for the meeting.

There was a ready way, — a “rough-and-ready” way, if they liked to call it so, — of acting on the spur of the moment, which was sufficiently successful, though not always scientific. During the Crimean War a party of sailors, engaged in dragging a heavy gun to the front, overturned it. The Artillery Officer

in charge despatched an orderly for the apparatus used in the service for replacing guns when overturned. In the mean time, the sailors, with their usual contempt for the landsmen, set to work with their ropes, to bring the gun right, and long before the regulation apparatus arrived, they had got the gun up again, and were trotting off with it at full speed.

They might, perhaps, be surprized at his telling them that in their every-day life an emergency, requiring the immediate attendance of the nearest Medical Practitioner, (perhaps a stranger,) — because he was the nearest, — in preference to the one usually consulted by the Patient, was a very rare event. There was, however, *one* emergency; and that was the one which Volunteers might, in the absence of a Medical Officer, be called upon to treat, — namely, profuse Bleeding from a large wound. It was the accident peculiarly dreaded by educated people. He had been told that Officers in the Army, when going into action, did not fear death or mutilation, but had some undefined terror of bleeding to death from a wound; and that they looked with a pleasing confidence to the Medical Officer in the rear, as likely to save them from what they thought a preventable accident. Volunteers engaged in Target Practice must be prepared to treat this, — if it happens that a Medical Officer is not in attendance.

The Lecturer pointed out the difference in danger

between wounded Arteries, which carried the blood straight from the heart in a rapid stream toward the extremities, and the Veins, by which the blood flowed back to the heart in a more sluggish current.

The wound of a large Artery was pretty sure to be fatal on the spot. Some few years ago, the butler at Radley College, in getting through an open window, broke some of the glass, and received a wound of the main artery of the thigh. He bled to death rapidly.

Captain Vicars, in the Crimea, was wounded one night by a bullet in the arm-pit, — in the main Artery, which passes from under the collar-bone into the arm: when brought to the Surgeon he was dead. The French Marshal Lannes, who was wounded in one of the large Arteries of the neck, in storming a fortress, was more fortunate. The Surgeon, (Larrey,) tied the wounded Artery as he lay on the breach, and he recovered.

Sir Alexander Boswell, in a duel, was struck by the bullet, which broke his collar-bone, and wounded the large Artery underneath. Mr. Liston, who was in attendance, tied the artery; by this operation he was saved from immediate death, though he did not ultimately recover.

Some years ago, one of a party of reapers engaged in harvest-work was struck by a reaping-hook in the calf of the leg; the wound, as one of the men described it, "bled like a stuck pig." The man who had, un-

intentionally, inflicted it, was so frightened as to be unable to help the sufferer. The others tied handkerchiefs round the leg, and brought the man to the Infirmary. The main Artery of the leg was cut through: Mr. Hussey tied it. The man lived about forty-eight hours, sinking from the effects of the previous loss of blood; he had been saved from immediate death by the readiness of his companions in binding up the leg.

Now and then a man escapes the first effects of such an injury. A drunken woman, chasing her husband round the room with a dagger, stabbed him in the buttock, as he ran from her to avoid the blow. Profuse Bleeding followed. The man ran out of the house, fell in the street, and was brought back by a neighbor. The flow of blood ceased upon his fainting. The wound in the skin was small: and a Medical Practitioner, who saw him soon afterwards, finding no symptoms of a return of the bleeding, applied a piece of sticking plaster, to protect the wound and promote the healing. The wound of an Artery large enough to cause such a loss of blood seldom heals without interference from a Surgeon. The flow of blood went on slowly under the skin, as the man went about his daily work, till the size of the swelling drove him to apply for help. The swelling was on the point of bursting. Mr. Hussey opened the part by a large incision; and stopped the further flow of blood

by tying the artery. An unhealthy man, and a drunkard, — he had not strength of constitution to recover.

Passing through a village one day, a woman asked him to see her husband, who had received a cut on his knee from an axe in felling a tree. The man was sitting in a chair, with his feet in a pan of water; and he and his wife had been bathing the knee very carefully, while the flow of blood continued. In this position, with the skin stretched over the knee, the wound was kept open, and the flow of blood was promoted by the application of the water. The signs of a large loss of blood were unmistakeable. The cut was upon the edge of the knee-pan; and deep enough to have divided a small artery, which spirted out the blood, as he proceeded to examine the wound. Having the necessary instruments in his pocket, he tied the blood-vessel; and so stopped the bleeding. If the man had been laid down on the bed, when he came home, and a bandage, or a handkerchief rolled round the knee, with the limb raised on a pillow, the bleeding, it is most likely, would have ceased.

These were instances of wounds of Arteries.

A wound of a Vein, though more easily stopped, might be fatal from want of attention. Some years

ago a young man was brought in a dying state into the Infirmary, fourteen hours after receiving a wound from a charge of small shot at the back of the knee. There was an open wound in the Vein between the "hamstrings." There were other injuries, from which he might have lost his limb, or even his life; but he bled to death from a wound in a vein which could have been stopped by a child's finger, if applied at once.

At the Review last year in Port Meadow a woman was brought into the Infirmary for loss of blood, from the bursting of one of the superficial veins of the leg.

A man some time ago was taken there by one of the Police, for a similar accident, — having walked (Mr. Hussey regretted to say), instead of being carried on a proper stretcher. His footsteps were afterwards tracked along the pavement by the blood which had soaked through his boot.

For these cases, the proper Treatment was to lay the patient down flat, — in the "horizontal position," as Surgeons call it.

They knew how easily the wound made in the vein at the bend of the arm by a Surgeon in Blood-letting was stopped. It was a small wound; a large amount of blood was drawn from it; and it was readily stopped with a piece of lint or rag, tied

on lightly with a piece of tape, or fixed with a piece of sticking-plaster.

The wounds made by Leech-bites, if neglected, might be fatal in children or weakly people. There were also some people whose blood-vessels and blood were so constituted that they bled almost beyond control, from trifling wounds. Such cases, though rare, were well known among Medical Practitioners; but they were not likely to come under the notice of those present.

In an "emergency," loss of blood would probably be thought by them the chief cause for alarm. Some time ago he was asked to go in a hurry into a neighboring street, to a girl who had fallen down and broken her leg. He told the people who came to him that the child ought to be taken at once to the Infirmary; that it was the duty of the Police, and that they ought to make application at the Station which was close at hand. They were much frightened, and said the leg was bleeding. From this he assumed it was a compound fracture; and knowing the serious nature of such a case, and that the Police, (though it was their duty to take charge of such cases in the streets,) were not much used to them, — he went. He found a compound fracture certainly, but not of a serious kind; and some half-dozen drops of blood had trickled from the wound. He hoped none of those present would be frightened by such a trifling flow of blood.

There were few things in which the reports of non-professional observers could be so little trusted: in their alarm they did not see correctly, and could not report faithfully. Some years ago he was asked to go in a hurry to an Inn, where a man had been suddenly attacked by a rush of blood from the mouth; his life was thought in imminent danger. To the astonishment of the messenger who fetched him, he found the sick man standing in the street, talking quietly to a friend.

He lately received a letter from the Mistress of a large school desiring his immediate attendance on one of her pupils, who had fallen over some furniture, and hurt herself; "it is bleeding profusely," she added. About a tea-spoon of blood had been lost, and it must have stopped before the Lady had finished her letter.

The simplest example of a wound, attended with loss of blood, might be seen in a Cut Finger. This was an accident which, probably, they all thought they could treat themselves;—but it was not an injury, (whatever its complications,) which was usually attended with serious bleeding. The bleeding from a finger generally ceases upon holding the hand up.

Sometimes a man in drawing the cork from a bottle, breaks off the neck of the bottle, and draws the broken glass through his hand, inflicting a deep and ragged

wound upon his wrist, followed by free bleeding, — much freer than they would see in a cut finger. This bleeding wanted more attention. They will find they can control it best by bending the elbow fully, and bringing the hand and wrist up to the shoulder, and keeping the limb in that position. The “pulse” at the wrist can be stopped by doing this.

Now and then people would be inclined to “let it bleed,” rather than tie it up at once. They might see a man hang his finger down, and squeeze it, and shake the blood off it, apparently trying to make it bleed, — a species of treatment which is popular in other injuries; though not often in a wound so serious as came under the care of his friend, Mr. J. L. White. Mr. White heard sounds of merriment in the room where the Patients were waiting their turn of attendance; opening the door, he saw a Boy standing up, amusing himself and others, by spirting across the room a free stream of arterial blood in jets, from a wound in his upper arm. It was not a case for loss of time, under such treatment: the main artery of the arm, passing from the arm-pit to the elbow, was wounded. Mr. White proceeded without delay to open the wound, and tie the artery, — an operation requiring abundant skill for the proper performance.

He was once summoned in haste to the house of

a friend, to see a child who had received a cut on the eyebrow, which was bleeding. Upon arriving, he found that the bleeding had stopped, and his help was not wanted. The Nurse had been bathing the wound with a sponge and water, till the blood had ceased to flow, — wondering, perhaps, all the time at the continuance of the bleeding. This was not the treatment he should commend to them. A sponge applied to a recent wound, generally increased the flow of blood, rather than checked it. It ought to be their object to close the wound as soon as possible, and so to stop the bleeding.

In order to treat large Wounds, — especially if attended with much loss of blood, — a certain amount of practical instruction was desirable. People must be accustomed to the sight of blood, and they must be accustomed to witness pain : yet it was remarkable that people, the first time of seeing blood, or a severe accident, would often be more calm, and more capable of useful exertion than afterwards. Whether it was from some kind of curiosity, or that they were without anxiety more than afterwards when they knew something of the danger, he could not say ; but so it was. He had more than once had assistance at an important surgical operation, from persons who had not before been witness to anything of the kind.

The chief object in the management of a Wound

was to get it well as quickly as could be, and, therefore, so to put it up that it should, if possible, unite immediately. In Wilkie's picture of the "Cut Finger" they might see that, while a young woman is taking out of the child's hand the knife which he clutches convulsively, an old woman, who has often seen such things before, is quietly putting a piece of rag round the finger, — the proper surgical Treatment for such an injury. A Cut in any other part is to be treated on the same principle, — bringing the edges together and keeping them so, — making pressure and maintaining it.

Substances used to staunch the blood, — "styptics" as they are called, — were generally objectionable; because by fretting the wound they were likely to hinder immediate union, and to make a sore which was slow in healing.

Cuts, — "incised wounds," as Surgeons call them, — for the most part heal readily: but they would not meet with incised wounds at Target Practice. Gun-shot wounds, which are bruised and torn with unusual violence, embrace the "contused" and "lacerated" wounds of Surgeons, and were far more serious in their nature. The "punctured" wound, caused by a pointed instrument, — given by the stab of a bayonet, or a dagger, — was also slower in healing than the simple cut of a knife. The wound in the skin may seem to

be healed; but the parts lying deeply underneath are often injured.

Having said so much on the general subject of injuries, and the occasional loss of blood, he begged their attention to those more serious injuries they might be called upon to see in their companions at Target Practice, and at Drill, or when out on a March.

In some injuries which they would think slight, Volunteers might not perhaps desire the help of a Surgeon. He now only spoke of those which they would think serious enough to require it; and he only proposed to teach them what to do before the arrival of the Doctor they meant to consult, and whom he should advise them to summon upon the occurrence. It might be the means of saving much trouble: it would certainly shorten the Patient's suffering.

At Target Practice they might have a Bullet through a limb, opening a large blood-vessel, and causing severe, — perhaps fatal, — bleeding; or a large bone might be shattered. They ought to know that if the thigh-bone, or the bones of the leg, were broken by a rifle bullet, there would be a small chance of saving the limb: in the arm there might be a better chance.

The Rifle might burst, and the hand holding it might be shattered, or the head or face wounded.

This was not an uncommon accident with old fowling-pieces. With their rifles it was less likely. 170,000 had been in constant use during the last four years, and he had been told that only one had burst ^a.

Some little time after this Lecture was delivered, one of the rifles burst at Target Practice; and the hand of the Officer who fired it was much hurt. It was one of the Enfield rifles, loaded at the muzzle. A second cartridge had been rammed into it, without seeing that one was still in the barrel: and the rifle was handed over to the Officer for examination.

They might receive injuries to the Eyes from pieces of the copper caps, or from grains of powder; and there were numerous accidents, and often fatal, from weapons supposed to be unloaded, but really loaded, and sometimes with ball cartridge. Mr. Hussey mentioned some of those which had happened in different corps ^b.

^a After a Review one night at Altcar, it was found that several rifles, belonging to the Corps which stormed a battery on a sand-hill, were split at the muzzle and about the foresight. The Board of Officers who investigated the subject were of opinion that the injury happened from the rifles having been discharged when there was an accumulation of sand in the barrels.

^b There seems no limit to the carelessness of people in handling fire-arms. Yet we seldom hear of accidents from such a cause among the trained soldiers in the Regular Army. The following letter from Mr. Hussey was lately printed in *The Volunteer Service Gazette*:—“Your correspondent ‘S. P. Q. R.’

One of their members sprained his ankle in jumping from the mound, after firing his last round at the long range. When returning from the Review at Dunstable, he was called to a man in a ploughed field, who had sprained his ankle. He left him to the care of the proper Medical Officer of his Regiment. When they were in camp at Culham one of the men, walking about in canvas slippers, cut his foot by treading upon a broken glass bottle. In a distant corps lately, one of the markers was hurt by the iron target falling on him.

Burns, from the accidental explosion of cartridges,

calls attention to the rule of the National Rifle Association, — now adopted at most ranges, — that no man shall cap his rifle before it is his turn to fire. He objects to the rule, that it ‘has been productive of many accidents;’ and in support of the objection he refers to three cases of disgraceful carelessness with rifles, in one of which a Sergeant-Major lost his life, after undergoing amputation of an arm. It is worthy of remark that in each of these three cases the man *did* put on the cap before it was his turn to fire.

“Allow me to suggest that as long as a man is capable of the childish practise, (I can not call it anything else,) of playing with fire-arms, — pointing at this object and that object, his own toe or a comrade’s hand, without meaning to put a bullet through it, — the true safeguard against such ‘accidents’ is to require that the men forming a squad shall load by word of command from the Officer or Instructor in charge of the squad; and that, after loading, no man shall fall out of the rank till he comes to the front in his turn to fire, when he can put on the cap. In case of disobedience, the man’s name should be struck from the register of the squad.”

might happen ; and he did not look on such an accident as unlikely, when those who were not engaged in practice came so closely round the squads, smoking tobacco, — a thing which he thought was not much to the credit of their discipline.

Upon the occasion of distributing prizes to members of a corps of Volunteer Artillery, Colonel M'Murdo concluded his remarks by recommending that on field-days Artillery-men should abstain from smoking tobacco. He had himself seen one of their members, — making ready to do some tobacco-smoking, — take matches from his pouch, in which he held his store of blank cartridges. He had seen an other Member, half-drunk, knocking the burning ash out of his tobacco-pipe on the head of a barrel of ammunition. In opening a barrel of ammunition, a match was found lying loose among the packets of cartridges.

A man who suffers from Fits, would not be enrolled in the Volunteer Force, if his case was known. But it has happened. When waiting at a Station on the railway, in going to the Review at Portsmouth, Mr. Hussey was called to a man who had left the train, and had fallen in an Epileptic Fit. When the man was sufficiently recovered, to be able to walk, Mr. Hussey forbade his going on with the Battalion ; and made

arrangements with the Station-Master for his return home by the first train that way.

When they were at Chipping Norton, forming for parade, with the band playing, he saw a young girl walking across the street, fall in a fit, under the excitement of a carriage passing, and the music playing.

The chief thing to be done for a man in a Fit, was to take care that he was not hurt in his struggles. He bruises his elbows, and knocks his hands and feet about: but the hands and feet should be let alone. His clothing should be loosened round his neck and chest; his neckcloth should be taken off; his collar should be unbuttoned, and his shirt unbuttoned at the neck. During the Fit, he lies best on his back. No pillow they could make during a march would be so efficient, as the two open hands of a comrade kneeling behind him, with the Patient's head resting in the hollow of the palms, and having the back of the hands kept steady about an inch or so from the ground.

At night, and in bed, other care may be wanted: for a Patient in a Fit of Epilepsy will sometimes turn on his face, and be smothered, by his nose and mouth being buried in the pillow.

He was called to a Lady, who had fallen in a Fit, during the service in Church, — a time and a place where

there is seldom much fresh air to be had. Her friends had taken her into the porch. She was lying down on some chairs; and she was beginning to recover. Suddenly, one of the friends took hold of her legs, and pulled the boots off her feet,—for what purpose he could not understand. People are not satisfied to “let well alone”: they like to be meddling; and the Patient has to put up with it.

He went to a gentleman of broken health, living near him, in the emergency of a Fit, or some sudden aggravation of symptoms. He gave his Wife directions for the treatment; and promised to pay an other visit later in the day. He went away, having to pay other professional visits: and on reaching home, he found a short letter from the Wife, showing a not unnatural anxiety about her husband, and adding — “I am very anxious to be doing something more.”

In severe injuries, — he meant accidents which were always sudden and unexpected, — whether attended with loss of blood or not, especially in injuries inflicted with such violence as gunshot wounds, the Shock, (or fright, as they might perhaps be disposed to call it,) disabled the Patient for a time.

In the war in Portugal two skirmishers suddenly came upon each other; both fired, — the muzzles of their firelocks almost touching, — and both fell. The enemy was killed: the Englishman received only a slight graze upon the outer side of his fore-arm; but

he was for a time disabled by the shock, not by the trifling injury. This state was well known to Medical Practitioners. It was probably the effect of the Patient being to some extent deprived of his breath, and the circulation of the blood being thereby checked. The Treatment was to lay him down, and to get him warm: the circulation, except in rare cases of very severe injury, would come round.

In Gunshot Wounds the immediate loss of blood, — the external bleeding which would first attract their attention, — was generally rather free. The most striking examples would be seen in the arm and the leg, — the “extremities,” as they are called by Surgeons: though it was not generally severe in the hand and foot. This would stop by the patient’s becoming faint, or by his being laid down in the horizontal position, with the injured limb raised a little above the level of his body. This faintness would give time for treatment. If a large blood-vessel was opened, the bleeding would return upon the Patient’s rallying.

In all Faintings, the proper Treatment was to lay the Patient down in the horizontal position, and to see that he is kept to it, — not only till he rallies, but after he has rallied; and for that purpose he should not be left alone. A Captain in the Army, traveling abroad was seized one day when at the public dinner table with a shivering Fit; this, as many of them knew, was the

early symptom of many different illnesses. He went upstairs to his bedroom in company with one of the guests; and upon lying down on his bed, and being apparently recovered, his companion left him. In a short time he felt sufficiently well to think of joining the company again. In coming downstairs he became giddy, and fell over the balusters, receiving concussion of the brain; which greatly retarded his recovery from what otherwise was not a severe illness.

Every kind of pain, he would take that opportunity of telling them, is best borne "lying down," — by rest in the horizontal position. The proverb that, "Patience can soften every pain," is true in every sense. Time, of course, — and often, unhappily, a good length of it, — is necessary in some cases for relief: the belief that it will come helps to bring it. Paying a visit to a Lady one winter's evening, he found the family assembled at the tea-table; and one of the elder daughters sitting in a great chair, away from her sisters, and supporting her head upon her hand and elbow, in great pain from "tooth-ache." There was no swelling, and no appearance of a "gum-boil": but she was chilly and low under the continued pain; in medical language, "the circulation was depressed." He drew the sofa to the fire; and, having warmed a woollen shawl, he persuaded the Lady to wrap herself in it, and to lie down. After a short rest, she began to cast her eyes to the tea-table, and she asked for a cup of tea. The pain, she told

them, was better, — or gone. “I am eternally obliged to you,” she added, addressed to himself.

In a severe Wound, where Bleeding had stopped on the Patient becoming faint, their object should be to stop the return of the bleeding upon the Patient's rallying. For this purpose pressure was to be made upon the wound. Surgeons use a pad made of several folds of lint, and of a size proportioned to the size of the wound, pressing it firmly upon the wound, and fixing it there by several turns of a bandage rolled round the limb, or by long pieces of sticking-plaster. The materials used by the Surgeon would not always be at hand; and he would advise them to rely on what they carried about them, — their handkerchiefs: with these they might make very efficient substitutes. Mr. Hussey showed how this might be done; explaining that the handkerchiefs should be bound upon the limb in an open or half-folded state, and not twisted like a rope; and should, if possible, be fastened with pins, rather than tied in a knot. The pressure must be made evenly, and firmly enough to stop the bleeding, but not too tightly, — especially if a bone is broken, — lest the parts underneath should be severely, or unnecessarily bruised by it.

Same Tourniquets of different kinds, as used by Surgeons, were exhibited. He thought they were not likely to be usefully applied by any but professional

men; and he would not advise his hearers to make the experiment. He thought it was better that they should learn to apply beneficially the instruments with which they were familiar, rather than make an unskilful attempt at the use of instruments peculiar to the craft of the Surgeon^c. The flow of blood from the largest artery in a limb could always be controlled by tying a handkerchief round, and tightening it with a piece of stick. This was done by Lord Wilton, when the late Mr. Huskisson met with his fatal accident in 1830.

^c Sir John Liddell, Director General of the Medical Department of the Navy, published the following remarks:—"Tourniquets of a simple contrivance, made of webbing, and tightened by a round piece of wooden handle that is fastened to the web, are usually distributed among the officers and leading men of the tops, to inspire confidence; but I have never seen them used without producing mischief. They are generally awkwardly applied over or below the wound, leaving the bleeding to go on: and it is not easy to give such intelligible instructions as will be readily remembered and easily applied, during the excitement and confusion that necessarily attend the booming of artillery, the vociferations of command, and the cries of the wounded. It is true that a life might occasionally be preserved, if the tourniquet were timely and skilfully adjusted; but much injury would accrue from long-continued pressure and interruption to the circulation of the limb, from its incautious use in those cases in which it was not required, and from which no rules that could be devised would guard them. The fingers thrust into the wound are the best means of provisionally arresting the hemorrhage; and a wounded man may, by gentle pressure with his fingers, frequently save his own life by stopping the bleeding during the transport from one place to an other."—*Medical Preparations for Naval Actions*.—*Medical Times and Gazette*, April, 1854.

By a late regulation in the Army every soldier, on going into action, is supplied with a piece of lint, folded flat, and four yards of bandage, pinned together with four pins; but these useful things are given, to be at hand for the use of the Surgeon. Unhappily, in the confusion of an engagement these things can not always be found; or they are dirty, and not fit for use.

When the Patient is laid down on the ground, if they had not a proper Stretcher or a wooden shutter, they should lay a woollen cloak of some kind under him. They would soon find he was chilly. They might remember that when one of the Corps was wounded last summer with a blank cartridge, and lay on the grass till a carriage was brought to take him home, the consequence was a sharp attack of rheumatism, — a more severe infliction than the wound he received.

They should not leave the Patient exposed to the glare of a strong sun. Some years ago a poor man in great alarm asked him to go to his son, who had just fallen in a fit at a wharf by the canal. The lad was lying on his back, surrounded by a crowd of curious, rather than useful, spectators, and not otherwise ill than stupid from the effects of drink; but he lay exposed to the full glare of the sun on a hot summer's day. Mr. Hussey suggested to the father that the lad should be moved out of the sun into a

shed close by. But the by-standers opposed. "Leave him alone. Let him be, Can't you?" one resolute voice cried. "In my opinion he ought to be bled," added a very young man. Mr. Hussey turned away, and left the party to themselves. On such occasions, — accidents in a public place, — when so many people "lose their heads," the Patient himself, (if he is sensible,) and those who are most bound by natural ties to take care of him, are generally reasonable enough; — a thing which can not always be said of the by-standers. — "Yes," says a friend at my elbow, "the meddling of people who think they must know, when they don't, is very inconvenient."

They would understand, of course, that the unbroken rays of the sun might be hurtful to a patient under severe illness, in a room as well as out-of-doors. Passing one summer's day through a village in the neighborhood, a Clergyman whom he met asked him to go into a cottage near, to see a child, which, to his eye, seemed very ill. The child, about three years old, was insensible, — suffering from Concussion of the Brain, the result of a fall off the window-seat, a day or two before. The mother was holding the child across her lap, exposed to the bright rays of the sun, which was shining through the window, — shaking it every now and then, to bring it to itself. He succeeded in persuading her to let the child be *at rest*, and to put it in the cradle at the side of the room: and he stayed

with her long enough, — as he thought, — to convince her that this treatment was better for the child. He heard afterwards that it died, — under a return of the mother's treatment. He did not mean to say that the mother caused the death of the child; but he would say, that, in his opinion, she deprived the child of its best chance of recovery after an unusually severe injury.

If the Patient was wounded in the leg, whether the bone was broken or not, they must carry him; if in the arm, he might be able to walk. A sling for supporting the arm could be made with a handkerchief, or a belt: the man's sleeve could be fastened with a pin to the breast of his coat; or some of the braid on his cuff could be untwisted, and fastened in the button-holes. But it would be better, in all cases of severe injury, that the sufferer should be carried.

Not that it is *impossible* for a man to walk with a broken leg. When he was a pupil at St. Bartholomew's Hospital, a man was admitted, having walked, with the help of a stick, from Highgate, where he had received a kick on the leg from a horse: he was about four hours in making the journey. Upon examination of his leg, both bones were found to be broken.

The fracture of the upper part of the thigh-bone, — (the "neck" of the bone,) — is a very common accident in old people; and often escapes the Patient's

knowledge, till he learns from a Surgeon the cause of the permanent lameness, which has come on after what he did not at the time think a very serious injury. He had known a gentleman receive a fracture of the knee-pan without being aware of it, till he told him, upon examining the limb, twelve months after the injury.

In wounds of the chest, the stomach, and the belly, the Faintness, and its long continuance, would be causes for alarm. They would not see the bleeding: it would be internal. Lord Nelson's wound was by a bullet from above; which entered at the root of the neck, and passing through the chest, cut through the chief artery which goes from the heart to the lung. He lived about an hour. To lay the Patient down, and raise his head a little, that he may breathe with less difficulty, was almost all they could do.

They might remember that when a gentleman was wounded in the belly at the late Review at Guildford, Colonel M'Murdo would not allow him to be taken home in the carriage which was sent for the purpose; he advised that he should be carried in a litter.

It was possible for the bullet to pass clean through a limb, or even through the body, without producing the serious mischief he had described. If, however, it struck the bone, the bone would not be simply broken,

as it might be in a man falling down stairs ; it would be shattered into splinters, and the sharp pieces of broken bone would be driven through the limb in different directions, complicating the mischief done by the bullet, and adding to the danger of the wound. The Patient will fall upon receiving such an injury. They should not at once rush on him, and pick him up ; they should watch whether he seemed inclined to rise, and, if so, they could offer him help. A Patient was generally conscious of the fracture, and would not be inclined to rise upon his feet.

Mr. Pott, a Surgeon of reputation in the last century, was, one day, thrown from his horse in the streets of London, and received a Compound Fracture of the leg. Several of the crowd of people passing rushed on him, with the kind, but mistaken, intention of picking him up. As he fell, he had retained his horse-whip in his hand, and with it he laid about him right and left, and flogged the passengers off. When they found themselves effectually kept at bay, they asked the meaning of, what they thought, the act of a madman. He told them he was a Surgeon, and had broken his leg ; that their kindness was only likely to add to his danger. In those days, he might tell them, it was much debated among Surgeons whether all cases of compound fracture did not require amputation. Mr. Pott lay quietly on the ground till he had got a shutter, and porters to carry him ; when he allowed himself to be

placed on it, and taken home. That was the part of the proceeding which required the greatest care, — moving the Patient from the spot where he had fallen, and placing him on the stretcher.

In a case of a Fracture, they must be more gentle in handling the limb, than in wounds where the bones were not broken. They should bring the legs together and put the broken leg on the sound one, or close by the side of it: a handful or two of straw, — if they could get it, — placed lengthwise round the broken limb, or between the two, would make its resting-place more comfortable. The legs should then be bound together with handkerchiefs; the sound limb would keep the broken one steady in the journey. It would supply, for a time, the place of a surgical “splint.”

Passing along St. Giles’s one day, his attention was called by one of the Parochial Clergy whom he met, to a man wheeled in a barrow, in the middle of the road, on his way to the Infirmary, with a broken leg dangling over the side. He went to him, placed his broken leg over the sound one, and the two together across the handle; and, having shifted the man’s body a little, so that he should be less shaken, his journey to the Infirmary was continued.

A Lady living in the country, a mile or two from a large Town, when walking in the village one day,

saw a crowd of people on their way to the town. They were carrying a hurdle, having on it a young woman, with her foot dangling over the side of the hurdle, — both bones of the leg being broken. She stopped them ; and, placing the foot and leg by the side of the sound limb, showed them how they could carry her, without more discomfort than would follow such an injury under such a mode of conveyance.

It was not necessary here for the Lady to ask, — what, on behalf of an injured person, or a helpless one, is the first question to be put publicly in a crowd of people gathered round an injured person, — “Is any Medical Man present?” If a Medical Practitioner is there, an other question follows, addressed to him, — “Sir, Can I be any help to you?” Let him give the directions for moving the sufferer.

For convenience to all parties, he knew nothing more likely to be generally useful for such a purpose, than the stretcher used by the Police in London. If not to be had, they might get a hurdle, or one of the shutters from the shed : the greater width of these would be found inconvenient ; and a ladder was, perhaps, inconvenient in an other way, from being too narrow. If the litter is narrow, the Patient must lie on his back : he can not chose the more easy posture of lying on the side with the body slightly bent. At the accident in Port Meadow in 1853, when two trains met on a single

line of rails, he put one of the Patients upon a ladder, and sent him to the Infirmary, with both legs and one thigh broken, beside other injuries ^d.

^d The same treatment, and the same readiness in carrying it out, would, — on many accounts, beside regard for the sufferers, — be beneficial, if the governing bodies of large towns could be persuaded to practise it, and to require it as part of the system of Police. Several years ago he had published such a recommendation in the local newspapers. —

“ The question — what is to be done upon the occurrence of an accident in a public thoroughfare ? — is interesting to all classes ; and it is thrust pointedly upon our attention by what happened last week in Queen Street.

“ In London the members of the Police force have orders to remove the sufferers without delay, — unless there is manifest reason for acting otherwise, — to the nearest Public Institution which has a Medical Practitioner always in attendance ; and for this purpose the Police Stations are furnished with light and convenient stretchers. The frequency of the occurrence in the leading streets and public places in London, — makes every one acquainted with the most practical expedient.

“ The sufferers need removal : one removal is better than two ; and the Patient is better able to bear it if moved at once, — that is, before recovering from the shock of the injury. Promptitude in a case of sudden emergency is of importance to the Patient's present comfort, not less than to his ultimate recovery. In every case, (unless they can more properly be taken to their own homes,) the patients should be carried off without delay to a Hospital.

“ The public order and convenience suggest that the rule, which is found to be satisfactory in London, can not be ill adapted to Oxford. It is no uncommon thing in a large town for a person to be knocked down in the street ; but it would be a very uncommon thing, if there was not an ample array of medical talent immediately in attendance to advise for the best. The presence of a Practitioner, however, is seldom required at

Mr. J. L. White (of Hertford College), formerly

that time and place. What is wanted is, that the public should have a rule, by which they are prepared to act upon the emergency.

“The want of a convenient stretcher in this city was pointed out by me at the time of the cholera in 1849, and again in 1853, upon the occurrence of the most serious accident which has happened in this county within living memory.

“When a stretcher, such as that used in London, is not at hand, a window-shutter from a shop can be made to supply its place. A coat, from one of the by-standers, folded together, forms a pillow, on which the patient's head can rest. If he is insensible, his hands should be tied, and laid across the abdomen; a handkerchief round the thighs, just above the knees, and an other round the feet and ankles, fix the patient securely upon the shutter, and he is carried with ease,—feet foremost, that he may see where he is going.

“Upon the occurrence of the late accident in Queen Street, I was told that two women had been knocked down; and I advised that they should be taken to the Infirmary. I went there, and found that my instructions had not been followed. I take this opportunity of expressing the opinion, that the advice I gave was proper, and that the sufferers *ought to have been taken to the Infirmary without any delay.*” —

This large and important town of 30,000 inhabitants is still, (1866,) without any stretcher, or other proper means, for removing a person, who from any cause falls down in the public streets. A poor sufferer is dragged about from street to street, to the houses of different Medical Practitioners; because no efficient means are at hand to convey him to the large Hospital, provided for such cases, and which is always open to receive him.

* * * This, I am thankful to be able to say, is not the case now. Under a better system of discipline, and with proper means at their command, I have often known the Police to act at once, and move an injured person home, or to the Infirmary, with speed, and, — what is of more importance, — with advantage to the Patient himself.

Superintending Surgeon to some large iron works in Wales, where severe injuries from machinery and mining operations are of frequent occurrence, told him that the workmen used to put the injured man upon a hurdle, or door of any kind at hand, with his head resting on the lap of a small boy, whom they also took up together with the Patient. It was the boy's work to support the Patient's head and shoulders, and keep them steady during the journey. Four men then carried the hurdle, — with relays of more, if the man's home was far off.

Where would they take their Patient? If his home was ready to receive him, he would like to be taken there best: otherwise, he believed the little Inn at Hincksey would be found a very good resting-place.

Having done all this, they had done a task which he was sure they were competent to undertake, and which he knew they would do well: and the Patient could wait without detriment the short time that would pass before the Medical Practitioner, under whose care he proposed to place himself, came to take charge of him.

It might be well for him to tell them that in some severe accidents, — Concussion of the Brain, for instance — the Patient on beginning to rally, would sometimes vomit, and cast the contents of the stomach.

If this took place before the Doctor arrived, they should know that it was an evidence that the Patient was coming round; — that it was not the source of additional danger. The best thing for them to do, would be to give him some warm water to drink freely; it would wash out his stomach, his mouth, throat, and nostrils, and make his subsequent state much more comfortable.

If the Patient was to be sent to a distance, they might be under the necessity of sending him in a cart: they should, at all events, have some kind of carriage in which he could lie down. A truss of straw and a blanket, or two or three cloaks, would form the best bedding for him. They might think these directions simple and unnecessary. He remembered having seen a colored engraving of the wounded being taken from Waterloo to Brussels. They were standing upright in a cart, — packed together like sacks of flour going home from the mill; and they seemed a fit illustration of the lines from Sir Walter Scott, which were quoted underneath:—

“The wounded showed their mangled plight,
In token of the unfinished fight.”

Injuries to the Eyes of different degrees of severity were not uncommon; grains of powder, or pieces of cap, might be blown in. If loose upon the surface of the eye, or under the lid, they would probably be able

to remove such things without difficulty, brushing them off with the tip of their finger, or using a corner of a handkerchief, as a mop. The eye should be kept steady to enable them to do it; the Patient should be told to look steadily at some fixed object during the operation. But if the foreign body was embedded in the thin, but tough, transparent skin which covers the eye, it would be best to leave the case for a Surgeon. For this, and for other injuries, the Patient should keep the eye shut, and he should not *rub* the eye. Gentle pressure would relieve the pain; and a handkerchief bound round the head, would be the best thing they could apply. They might observe that when a man gets a fly in his eye, — that is, under the lid, — he shuts the eye fiercely, and rubs it with his fist. If, instead, he would shut it gently, and keep his hand off, the insect would soon be wrapped up in the glutinous secretion with which the eye is moistened, and would float to the inner corner of the eye; from which it could be removed without difficulty.

To a Burnt surface they should apply something to keep the air from it. If it was a part covered by the clothes, they should see first that the fire was *out*, — that it was not smouldering, — then bind it round with a handkerchief. They might cover the raw surface with some harmless material.

A slight Burn of the hand and fingers will be relieved by the application of cold water, repeated till the pain

ceases. If they could get some Soda, — and in most houses the impure Carbonate of Soda is to be had, — it should be dissolved in the water; and the burnt surface wetted now and then, with a piece of linen rag dipped in the lotion so made.

But if the Burn is extensive, — as of the body or limbs, — the application of cold would be dangerous to the Patient. A girl suffering under some eruptive fever was burnt about the body, by her clothes taking fire. As the quickest way to dout the fire, the Child, — clothes and all, — was dipped in the cistern of cold water close by. The fire was quenched at once; and the first pain of the heat relieved. But, as the girl grew up, she became idiotic.

Beside the accidents he had mentioned, which might happen at Target Practice, there were others, such as wounds by bayonets, which might happen at Drill, or when out on a March. Two had happened at Company Drill; one man was struck in the face, an other on the temple^e. An other man cut his ear, with the

^e This happened to men in the first section, passing to their place in forming close column of sections. If the second section fixed bayonets upon the caution, — that is, before the first section began to march, — one existing source of danger would be removed. An other source of danger exists, in the Manual exercise, — when the ranks, at open order, with arms at “the port,” receive the word to “charge bayonets.” Every now and then it happened that a man in the rear rank, — instead of remaining steady, — would bring his piece to the “charge.” It

hammer, or the trigger-guard, in bringing his rifle to the "slope." In the next County a bayonet had been thrust through the arm. The finger was often hurt in returning the ramrod, with the bayonet fixed; when it was not pressed down, as ordered in the drill book: he had seen the accident happen in the Foot Guards. A wounded finger might be bound up with a bit of rag, or a strip torn off a handkerchief. In the leg, or the arm, they should bind a handkerchief round the limb, as he had shown them. If in the face, where they could not so easily apply such a thing, the wound should be pressed with the finger till the bleeding had ceased, as a man presses his chin when he cuts it in shaving.

Accidents might also happen with blank cartridge, as well as with ball. Ramrods, or other improper substances, might get into the barrel. At the Review last year in Port Meadow, a man came under his care who had been wounded in the leg, by two percussion caps, fixed together, which were shot into his leg.

When out on a March, if a Volunteer was disabled from keeping up, by these or any similar accident, he would suggest that they should take him to some road-

would be better, for this reason, if the rear rank were required to bring their arms to "the slope," as in charging, with closed ranks.

side Inn, where he could remain till means of conveyance were obtained.

With two poles, and a sack or a sheet stretched over them, they could make a litter on which a man could be carried. They could, even, make something of the kind with two rifles and their slings; or with the slings they could make shoulder straps, which would be a great help in carrying any kind of litter.

A man can be carried on a seat made with a handkerchief, or a piece of rope about two feet and a half, or a yard, in length. It should be tied in a knot, so as to make a loop, taking about half the length, or rather more. The free end of the handkerchief should then be tied across the loop, opposite to the first knot. The two spaces of the loop thus divided should be of a size, each of them, to allow a man to put his fingers through, and "clench" the roll of the handkerchief in his fist. The bearers, facing the same way, should each put a hand, or rather the fingers, — one of them his right, the other his left, (knuckles upwards,) — into one of the divisions of the loop, and hold the outer side of the loop in his closed hand. The man to be carried will take his seat on the back of their hands. He should put an arm round the neck of each of the bearers. When they want relief by change of position, the Patient can be set down, or he can stand, during the minute or two wanted for the bearers to change hands and shift from one side to the other.

During a March, he was once consulted by an Officer, who had got his foot wrung by his boot, and was walking in great pain. He advised him to take off his stocking, (which was of cotton,) at the next halt, and to put his bare foot into the boot. This would relieve the blistered skin, after the injury. But, as a precaution against such an accident, he would advise them, during a long March, to take advantage of some halt, and to change their stockings, — to take them off, shake them out, and wipe the feet, from the perspiration upon them; — and then to put the stockings upon the other feet; — he meant, the one which had been on the right foot should now be put on the left, and *vice versa*.

Some cases of Drunkenness, he was sorry to say, had been brought to his notice. He refused to take charge of them: and, after giving directions for the treatment, he left the men to the care of their comrades.

A Drunken man's collar, or neck-tie, should be taken off, and his shirt unbuttoned at the neck. His belts should be taken off, his coat unbuttoned, and the clothing round his neck should be loosened, — as for a man in a Fit. If they were able to get it; and if he was manageable enough to be got to drink it, they should dose him freely with warm water. This will be the best way for them to get the poison of his drink out of his stomach.

Some accidents, not uncommon among men engaged in work out of doors, or in the open country, they had escaped: or such had not been reported to him. For instance, — stings from bees and wasps, bites from gnats or snakes; insects in the ear. There had been no troublesome bleeding from the nose; no choking during a hurried meal; and no man had fallen into the river, or the canal. But if such things happened, he should like to think that, in the absence of a Medical Officer, they were ready to do what was wanted for the relief of a comrade.

The pain of a Sting from an Insect might be relieved by cooling the part, by continually wetting it with cold water.

If an Insect was in the Ear, they should put into the ear a little soapy water, — warm, he meant with the “chill off,” — or some sugar and water. The man must lie down for that to be done. Cold water should not be put into the ear. He would advise them not to try to *pick* anything out of the ear: they should leave that to the Surgeon.

Bleeding from the Nose is more frequently seen indoors, than out. It generally stops when the Patient's alarm is over, and he brings himself to breathe freely. He should loosen his collar, take off his cap, and hold his head well up, — so as to get the fresh air about his

head and neck. If he folds his hands, and puts them at the back of his head, he will find himself able to breathe more deeply. The sudden application of some cold substance, — such as a stone, or a piece of metal, — at the nape of his neck, will stimulate this.

If a man is in danger of being Choked, by swallowing a piece of meat too large to pass the gullet, one of his comrades should pass his fore- and middle fingers quickly to the back of his throat; and if he can feel the substance sticking there, or see it, he should pull it aside, or hook it out with his fingers.

When a man is taken out of the water, and seems to be Drowned, they should lay him down on his right side, with his head a little raised by a thick coat, or some kind of pillow; and they should roll him half over on to his back, and back again on to his face, 5 or 6 times a minute. In most people, the breathing and the circulation go on more readily, when lying on the right side. When the breathing and the circulation are at a stand-still, — as after drowning, — they may sometimes be restored by thus rolling a man over on to his back, and back again on to his face. The weight of the shoulder and arm falling, as the man is being rolled over on to his back, helps to open the chest, and to allow the air to enter; — and the air is driven out as he is rolled back on to his face, — thus imitating, in some degree, the natural process of breath-

ing. While this is being done, others should be getting some dry clothing for him. As long as there is any doubt whether or not he is dead, they should do what can be done to try and bring back his breathing.

After telling them so much about what ought to be done, one important matter remained to be told, — what ought not to be done, — that was, giving brandy. Perhaps it might not be wise for them to resist the determination of the by-standers to give it. They might lose the influence they had gained by their good management of the Patient. So he would suggest that they should allow it to be brought, and to hold out a hand to receive the glass that held it. The spectators would think that was to give it to the Patient. “When you get hold of it,” said Mr. Hussey, “overturn it; you will not find they will bring more.”

Upon the occurrence of an accident, in the absence of a Medical Officer to direct, he assumed that they would send a messenger to the Practitioner usually consulted by the Patient. The Officer in command will have the materials for writing: and it will be best to send in writing. If not, the messenger chosen should be some one able to give an intelligible account of the nature or extent of the injury. The dress covering the part should be cut from it, to enable them to

see the nature of the wound. If bleeding, they should stop it, and "bind up" the wound as he had shown them. If a leg was broken they should, in addition, fasten both legs together. They should be cautious of moving the Patient from the position in which he had fallen; and they should take the greatest care in lifting him on to the stretcher.

In recognizing the importance of such casualties as loss of blood from a wound, a shattered limb, and the shock consequent on a severe injury; as well as the necessity they might be under of trusting for a time to their own exertions, it had been his wish to point out how they could act in an emergency, with advantage to a sufferer.

Perhaps he had overlooked some subjects which might now and then come before them as likely causes for anxiety, on which they might desire information. Whenever any such suggested themselves, he should be glad to advise them to the best of his power.

It will not escape the observation of the general Reader, — who "endeavors to pack in his memory," as a friend said to the writer, "some of the useful hints it contains," — that the "emergencies," which have been made the subject of comment, are, for the most

part, supposed to have happened out-of-doors. What more can he do, — he is inclined to ask, — if the emergency happens at home? Is he to do less?

The plan which the writer has long had before him, — and of which this Lecture forms a part, — he hopes he may be able some day to complete. It refers to a larger class of Accidents, — the emergencies of Civil and Domestic life. In addition to the strictly surgical causes of alarm, such a work should comprize the sudden illness that might arise in a household, or in a family of children, as well as among the poor in the country, where the Doctor lives at a distance. It should comprize the needful preparation of the Sick-room, before the Doctor, who is to be made responsible for the treatment, comes to take charge of the Patient, and to give his own directions for the care of him. A list might be added of the few drugs and medicinal preparations, — as well as the surgical appliances, — which it is desirable should be at hand in a house: — and it would hardly be out of place if some general directions were given as a guide for the Nurse.

* * * The need of such a work from him has very much passed away. Many books, — large and small, — have been published, under a wider view of what is wanted. General attention has been excited. Much interest has been shown in the study of what is called “first help,” — to be given on the spot to those who

are in need of it: and much care has been given to the training of women as Nurses. In most of these books some useful advice may be found; and this,—if remembered when wanted,—may be applied with advantage to sick and hurt people, indoors or out.

OXFORD, *July*, 1889.

DOMESTIC MEDICINE.

WHEN Mr. Holland, Rector of the parish of Stanton St. John's, was about to enter on the duties of his Cure, he asked me to get him some few medicines, which might be useful in cases of illness among his parishioners, at times when they could not have the help of the Doctor, from a distance. There was a small bequest for medicine and other things, which would help him in the purchase. He begged me also to give him directions for the administration of the Medicines; and to tell him what to do in case of an accident, so as to be of use to the sufferer.

What should be done, — for the good of the Patient, — in case of an accident, when the Doctor is not at hand, is set out in the Lecture which I gave afterwards to Volunteers. Of this I gave him a copy, when it was printed. The directions for the administration of the Medicines, I trusted to his memory.

All illness, I told him, — in short, every complaint, — which he could not cure with a dose of simple medicine, was of sufficient importance to be referred to the Doctor.

Pilulæ Colocynthidis compositæ, — formerly *Pilulæ Cocci*; known among the poor as “Pilly Coashy,” and much used when opening medicine is wanted: to be kept in pills of 5 grains. Two pills are a dose for a grown person.

Jalap, — in pills of 5 grains. Two pills are a dose for a grown person. In some cases 3 pills may be given. Jalap is more rapid in acting than Colocynth; but it is not beneficial as a medicine of frequent use, as the means for acting on the bowels.

Rhubarb, — in powder. From 20 to 30 grains is a dose for a grown person. Rhubarb is not often given to grown people, leading an active life, and with healthy powers of digestion.

Castor Oil, — a mild aperient, speedy in acting. A dessert-spoon is generally a sufficient dose for a grown person. Those who suffer from habitual obstruction of the bowels, in whom the action of other, or stronger, aperients is not readily borne, may want Castor Oil. A small tea-spoon before breakfast, the first thing in the morning, is generally a sufficient dose for such persons.

You will have many requests for it, — difficult to be refused. It is much in favor with the poor, and often taken in large and repeated doses, when they would be better without it. It should be kept for the use of the Doctor, and not given without his desire.

Pulvis Cretæ compositus, — Chalk with Spices. 10 to 20 grains is a dose for a grown person, in an attack

of Diarrhea. Three doses may be put into a bottle ; — one to be taken after each loose motion of the bowels. The powder should be made into a paste with a small tea-spoon of spirit, — such as Sherry, Whisky, or Brandy ; and the water should be added to the paste by little and little. Peppermint water may be used, or Camphor Julep, in making the mixture.

It would promote the cure, if the Patient put his feet in hot water, and went to bed, — taking care that he was not exposed to cold, so as to be chilled, in case he rose from bed for any purpose.

Liquorice Root, — in small pills : of no medicinal action. A medicine that is harmless, may be beneficial with people who think themselves the subjects of illness, — when they are not so. You should have something of the kind at your command.

Aqua Menthæ piperitæ, — Peppermint water ; — and *Mistura Camphoræ*, — Camphor Julep : of no medicinal action, but of value for the flavor. They are sometimes desired by people as a “stomachic,” or “carminative,” — medicines which cure like a “charm,” without visible action.

Preparations of Opium.—They should be kept away from the other medicines. They are for the use of the Doctor alone. *Vinum Opii*, — Laudanum. *Tinctura Camphoræ composita*, — Paragoric Elixir. *Pulvis Ipecacuanhæ compositus*, — Dover’s powder. *Pulvis Cretæ compositus cum Opio*, — Chalk with Opium.

With the directions for the *Medicina Pharmaceutica*,

and *Medicina Chirurgica*, I gave some instructions also for the *Medicina Dietetica*: and I pointed out to him the importance to his poor parishioners, of that part of Dietetic Medicine, which, — strictly speaking, — included the clothing of the body.

Some 6 or 8 years afterwards, I asked him what cases had been under his care. The most frequent, he told me, had been in the laboring men, under an attack of Diarrhea. He gave 3 doses of Chalk with Spices: if not cured, the Patient was to send to the Doctor. He did not remember that this treatment had failed. In cases of confined bowels, he had given Colocynth; but not Jalap, or other aperient. His reputation as a Practitioner of Medicine stood high among his parishioners.

The preparations of Opium had not been used, except on one occasion, and that by me. When visiting a poor person in the parish, I went to his house, and made a dose of medicine, with some Opium in it.

BY THE SAME AUTHOR.

MISCELLANEA MEDICO-CHIRURGICA.

— Cases in practice, Reports, Letters and Occasional Papers. — 1882, 1887.

Extracts from Various Authors, and Fragments of Table-talk. — 1883.





