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ON SUTURES,

AND THE

TREATMENT OF INCISED WOUNDS.

BY J. C. OGILVIE WILL, M.D.

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SUTURES are undoubtedly the best means we possess for maintaining the edges of cut parts in apposition. Unfortunately their employment is attended by certain disadvantages : such as the irritation, giving rise to suppuration, when silk is the substance of which they are composed ; the danger, during their removal, of tearing apart loosely united surfaces, and the pain experienced by the patient, when they are constituted of metallic bodies. Another grave objection to the use of sutures is, the unsightly marks—consequences of suppuration—which remain at the points where they had been inserted. These cicatrices are of course chiefly objectionable in parts exposed to view, as in wounds of the face, &c. The object of the present paper is to draw attention to sutures formed of a substance which can be employed without fear of the foregoing undesirable effects presenting themselves. This substance is catgut, which Professor Lister brought into notice some years ago for this purpose, but which he has since

discarded, though he still retains it for ligatures. Regarding its use for the latter purpose I cannot speak personally, as I have always found accupressure answer every purpose, but with regard to the former I can speak most emphatically, for during the last two years in every wound where I have had reason to expect early union—and it is only in such cases that I advocate its use—I have invariably employed catgut sutures, and their employment has been attended by the happiest results. In proof, I may cite a few cases.

1. A child came against a pane of glass in a window, broke it, and in so doing almost severed the fleshy part of his nose from the cartilages. The surfaces of the wound, having been washed and exposed to the air for a few minutes, were brought into apposition, three catgut sutures were inserted, and cold-water dressing applied. In three days the sutures were removed, and a day or two after hardly a trace of the injury remained. The sutures did not give rise to the slightest irritation.

2. An injury causing a somewhat similar but much more severe lesion, the cartilage of the septum being fairly divided, occurred to an old woman. In this case the edges of the wound were very jagged. The same treatment was adopted, with like results.

3. Case of excision of the mamma. Eight sutures ; one vessel acupressed ; pin removed seven hours after ; immediate union. The sutures, not giving rise to the slightest inflammation, were allowed to remain till the thirteenth day after the operation, when they (or rather what remained of

them) were removed. Shortly after the points where the sutures had been inserted could not be discerned.

4. Another very striking case was that of a young child who was brought to me with the point of his middle finger hanging merely by a thread, like a piece of skin, the whole of the other tissues, including the bone, having been divided. After carefully cleansing the wounded surfaces, and allowing them to become glazed, I brought them into accurate apposition, and inserted two catgut suturcs, remarking at the time to the boy's mother that I had little hope of a favourable result, and that I would probably have to remove part of the finger, but that I had given him a chance. Fortunately I was not obliged to resort to such a proceeding, as the parts healed kindly, and on the sixth day I removed the sutures. On that day only one small point remained unhealed.

5. Amputation of the third finger, with removal of part of the metacarpal bone, in the case of a boy. Three sutures; wound healed without the slightest suppuration. The sutures were removed on the seventh day, when the child was sent home perfectly well.

6. Same operation as last, on a man. Three sutures; one vessel acupressed; pin removed four hours after. Œdema and slight suppuration, notwithstanding which the sutures were allowed to remain; and on the twelfth day the wound had entirely healed.

This case showed that catgut may be employed with advantage in a different class of cases from that

in which I have advocated its use, as, unlike wire, which will cut its way out, and silk, which will resist, catgut will stretch to a certain extent. I might quote many other cases of wounds in other parts, but must content myself with the above-mentioned.

If surgeons will only give catgut sutures a fair trial, at the same time not disregarding other essential precautions to which I shall presently refer, I feel assured that they will have every reason to feel satisfied with the results following their use. The other points to be attended to, in the treatment of incised wounds, are that there be no foreign bodies in the wound—such as blood, dirt, or "dead pieces of meat," as Sir James Simpson quaintly termed ligatured vessels—and that its surface be exposed to the air till they have taken on a glazed appearance. This last indication is not, I am aware, in accordance with the views entertained by many surgeons at the present moment; but experience here has proved that union takes place more readily when air has been freely admitted than when wounds have been hurriedly closed. It is probable that if there are spores in the air of other places, Aberdeen has its due share of them, but they do not exert the baneful influence ascribed to them in some other cities; and the fact that union by the first intention has been obtained here in so many instances of amputation, excision,* &c., after they had been exposed to free currents of air, for periods varying in duration

* "Since 1864 I have had examples of union by the first intention in every amputation of the body, with the exception of the leg and at the hip-joint (the latter operation I have not during that period had occasion to perform), in excision of joints and tumours, and many other minor operations."—Professor Pirrie, The Lancet, July, 1871.

from ten to thirty minutes, seems to me to be a proof that the germ-theory of putrefaction in wounds is hardly a tenable one. The only explanation that could possibly be given by the supporters of that theory would be that the air in this city is pure and free from germs ; but to explain the why and wherefore of this exemption would be a still more difficult matter. Even if this could be done, it would not be sufficient ; for, in Edinburgh, where germs are supposed to exist in their highest degree of development, I saw more than one case of wounds after excision of tumours unite *without one drop of pus*—after Sir James Simpson, not content with the ordinary access of air, used a *bellows* to ensure every part of the raw surfaces being, so to speak, flooded with it. Further, regarding dressings, I find the less the better ; when any are employed, a simple strip of wet lint suffices. I have not thought it necessary to enter upon the necessity of obtaining accurate coaptation of the edges of cut parts, as this point is so universally recognised as a *sine quâ non* in the treatment of incised wounds that even mention of it seems superfluous. The treatment I have indicated is applicable to all incised wounds ; excepting that I would only counsel the use of catgut sutures in those of the slighter order, or in those where, from the nature of the case, there is reason to expect union by the first intention.

I may add that, as I have received several applications from medical men, requesting me to obtain for them a supply of catgut, what I have employed has been prepared by Messrs. Young and Son, Cutlers, North Bridge, Edinburgh.

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