A HUNDRED YEARS AGO

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A CHILDREN'S CASUALTY DEPARTMENT

By Sidney Smith M.R.C.S., L.R.C.P., Late Casualty officer and House Physician, Evelina Hospital, London

THE PROSPECT OF EXAMINING small children hailing from that mighty Greater London south of the Thames, from morning till night, my landscape bounded by the four distempered walls of a casualty room, offered but small hope of anything very diverting. Yet, I may truly say that, although I spent many busy hours there, few were the dull moments.

During the four months I acted as Casualty Officer to the Evelina Hospital, between 7,000 and 8,000 children and infants ranging in age from "nothing and a bit" to young men and women (for children mature early in this poor district) of fourteen, passed through my hands.

It seemed to me that it might be interesting to some if I were to describe a few of the anomalous cases that were constantly cropping up, many of which, from a textbook point of view, should never have existed.

Scalds and burns

My experience with scalds and burns was somewhat extensive, and taught me to dread it. Burns occurred most frequently in young children of two or three years of age, who lighted matches when "mother was away," to watch the effect. The scalds usually occurred on Monday, Southwark Bridge Road "At Home Day," or washing day, and were common to all ages.

There was one type of scald, a grievous type, caused by the parents (with that modicum of wisdom which is infinitely worse than ignorance) enveloping their children's nether extremities in boiling rags, not wrung out dry, the very travesty of a fomentation. I saw many more or less severe cases of this kind; one poor child, a little girl aged about four, was brought up with her thigh literally cooked, and died some few days after admission.

I grew to learn that all these cases of scald and burn should be treated seriously from the start, be the wound ever so trivial, and if shock of any considerable degree presented itself the child should be admitted at once. Extensive burns and scalds are very difficult to treat in an out-patient department, the children scream when the dressings are removed, the wounds are very apt to go septic, and the poor little unfortunates have a way of dying suddenly about a week after the accident, even though the wound may be looking clean.

A common rash

I must refer to one rash which, like the poor, was always with us, and it was some little time before I discovered its true significance. It was typically, a dirty papular eruption, the individual papules hard and red, the surrounding skin dirty and greasy. The common distribution of the rash was over the upper arms, shoulders, and chest, back and front. The patients invariably suffered from some respiratory trouble, and exhaled a faint smell of something I knew, but could not then put a name to. I afterwards got to know it as the "camphorated oil" rash, due to the habit the fond mothers have of smothering their children's chests with this sickly compound, often following this by the application of a dirty piece of brown paper steeped in tallow grease.

Diphtheria

If there is one disease more than another one learns to dread in a children's hospital, both in the wards and out, that disease is diphtheria, and there can be none in which textbook or class-room knowledge helps one less and experience more. The difficulty is largely accounted for by the large number of infantile cases that fail to show any visible membrane in the throat, on the tonsils, uvula or soft palate, the disease being confined to the nasopharynx, larynx, trachea or even bronchi.

More than one baby died under my hands of diphtheria, and not one under two showed any objective throat symptoms indicative of the disease.

I can call to mind an infant, aged about three months. He came up, a perfectly healthy squealing baby, for a circumcision, and four days after this auspicious occasion again attended. By this time he could hardly be recognised as the same infant. His face was white and puffy, his pulse small and rapid, and the urine choked with albumen, but nothing was to be seen in the throat. Nor was there any stridor or recession. Naturally, the diagnosis of some complication secondary to his operation, perhaps a post-anaesthetic condition, was made; yet a post-mortem showed diphtheria bacilli in the larynx, and he undoubtedly died from toxaemia produced by these bacilli.

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Wilful misdoing by a mother

I think the most flagrant case of wilful misdoing on the part of a mother to her child was the following. The mother, a wretched, consumptive-looking creature, called for treatment for her son, a fine sturdy little fellow, well able to walk, and aged two-and-a- half. His baby teeth seemed fully developed. When taking down the history, and on inquiring what she fed her child on, I learned with something akin to horror that he was on the breast, and that alone, and that his mother was attending some chest hospital for consumption. When I explained to the woman the terrible chance her son ran of acquiring tuberculosis, she calmly informed me she knew it was wrong, but she was poor, and furthermore would wean him at once. What a travesty of economy! It was not as though she was altogether a bad mother, the child's clothes were good and sensible, and I must confess he looked strong.

I was sorry to leave my humble friends of the Southwark Bridge Road. There were many who more than showed by their kindly little attentions, such as a bunch of flowers, that they appreciated one's efforts. It is, such patients, whether seen in the fashionable consultant's room or the casualty room of a children's hospital in one of London's poorest districts, that help to drive the monotony from a doctor's life, and make his life the happy and contented one it should be.

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