RECOLLECTIONS

So many years ago

R le Roex

René le Roex qualified at Pretoria University in 1949 and was an intern and medical officer at Grey's Hospital, Pietermaritzburg. From 1960 he practised as a surgeon in Pietermaritzburg and then Knysna, and was also involved with the Medical Association of South Africa. In the 1980s he served as Chairman of Federal Council and was a member of the South African Medical and Dental Council.

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A case of flail chest treated before availability of electrically driven respirators.

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Grey's Hospital, Pietermaritzburg, 1951. We had no electrically driven respirators, and were told that if we left one of the red-rubber endotracheal tubes in place for more than a fairly short time the patient's trachea would be irretrievably damaged (better than dead?). At that stage of our careers we were given to believing what our elders told us (a weakness that improved over the years).

A young man in his early twenties was admitted to our ward. He had fallen into a gravel quarry, landing with his chest on the corner of a cocopan and fracturing the ribs on both sides of his sternum. The result was a totally flail chest, with huge effort required to move very little air in and out of his lungs.

Having been injured on duty, he was not a 'hospital patient' but was treated by one of the visiting surgeons. By the second day after his injury he was totally exhausted and could not continue the ineffective battle to breathe. The surgeon in charge was asked if we youngsters could take over some of his care, as whatever we did would not make the situation worse than it was at that stage.

On being given the go-ahead, we sprang into action. Six large shark hooks were purchased at a local sports shop, together with a length of catapult elastic. Fortunately the workshop staff were very helpful (we all played in the same cricket team), and they removed the barbs from the hooks and rigged up parallel beams, with pulleys on, over the bed. Using local anaesthesia, we hooked the shark hooks around ribs on either side of the patient's sternum. We then connected the elastic to the hooks, and passed cords through the pulleys and connected them to weights on the other side.

Within a very few minutes of our completing the rigging, the young man fell into a deep and restful sleep. His breathing pattern returned to normal, and he made a complete recovery from his injury.

This was undoubtedly one of the most satisfying experiences of my surgical career.

Unfortunately our next meeting with the patient was some years later, when he returned from a remote rural area suffering from terminal pulmonary tuberculosis.