

# Magazine Feature Section

Dr. Charles Casey.

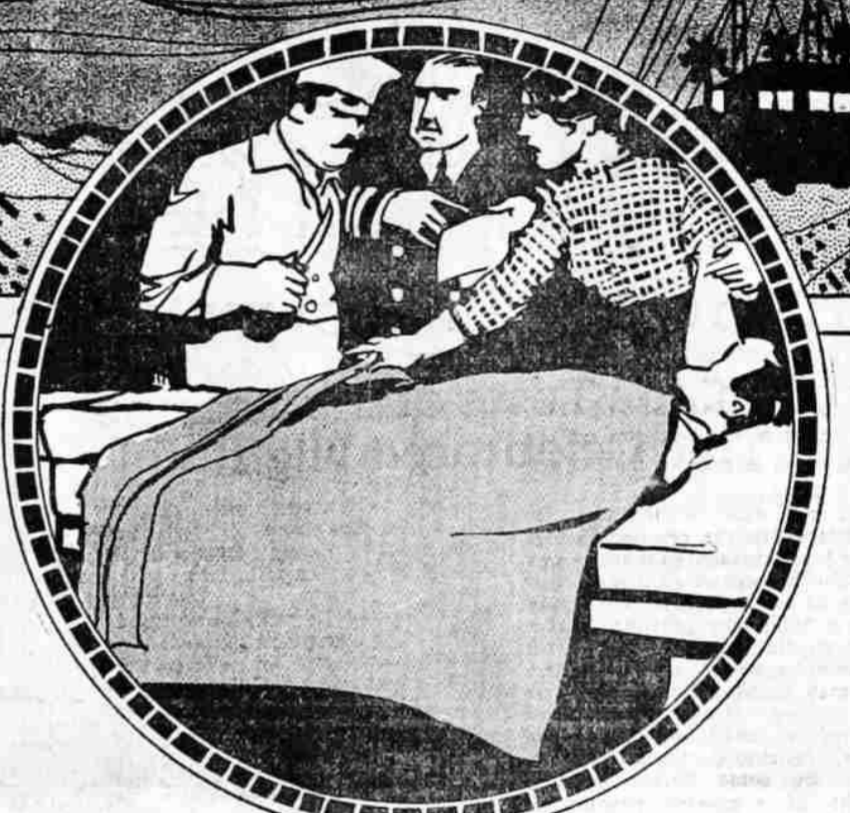
Mrs. Frank Gibbons.



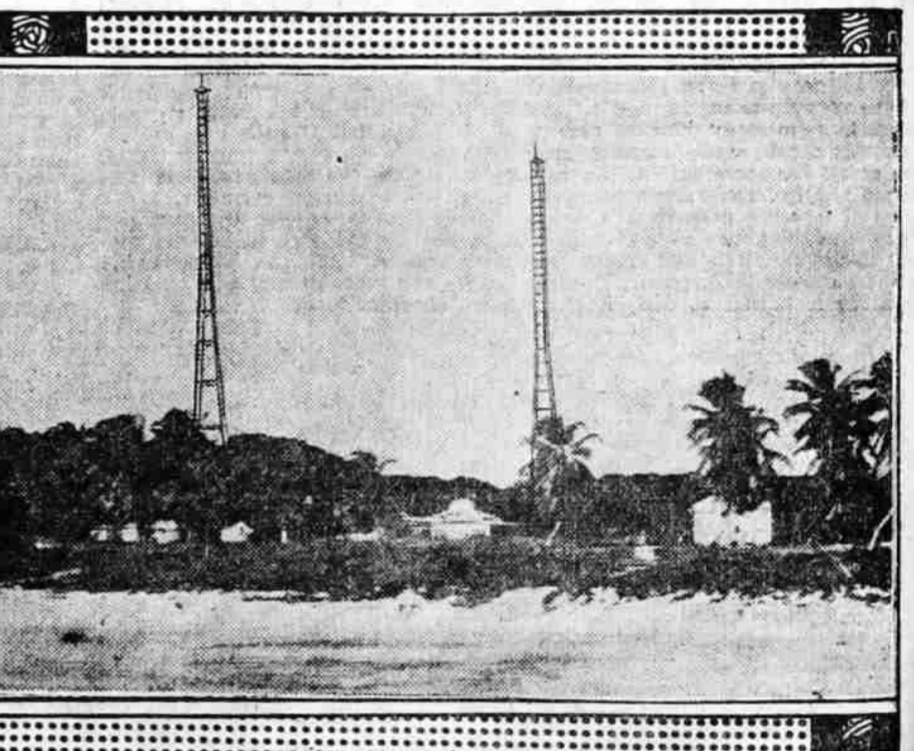
*Now sever the limb*



Surgeon Casey Directs the Operation From the Steamship Tivives.



Sketch Shows the Dramatic Scene as Operation Is Carried Out. At Left—Frank Gibbons, the Victim, Below—Powerful Wireless Station on Swan Island.



can get advice by wireless," she cried.

The wireless men and Mrs. Gibbons looked over the chart and sailing schedules and discovered that the Tivives had left Kingston for Colon. They immediately began calling for the Tivives and soon were successful.

When the amputation was decided upon instant preparations were made. The operators' room at the wireless station was turned into a surgical operating room. A long table was set up in the center under a strong electric light. The medicine chest was ransacked for all bandages, silk thread, knives, scissors and the necessary drugs.

Then arose the question as to who was to do the actual cutting. Mrs. Gibbons was the only one who had a practical knowledge of surgery, but she could not brace herself to actually wield the knife. The Swan Island cook volunteered to do the work under the wireless direction of Surgeon Casey, 200 miles away. Mrs. Gibbons and the wife of the engineer of the power plant were to assist.

The half-conscious sufferer was carried to the operating room. The cook had donned a long white apron. The instruments, carefully sterilized under the direction of the former nurse, lay glittering under the arc lamp. It was a strained and nervous group that stood about the operating table or behind the wireless man as he sat in his headpiece, writing down the detailed direction shooting through the tropical night from the surgeon 200 miles away.

Mrs. Gibbons read the instructions aloud. They were told how to etherize the patient and how to apply a tourniquet to the limb above the point where it was to be severed. Mrs. Gibbons braced herself for the ordeal. Carefully she made a cone out of paper and filled it with gauze. She kissed her husband lovingly and then, placing the cone upon his face, she began dropping the ether into the top opening. Soon the patient had passed into unconsciousness.

**COOK TURNS SURGEON.**

It was a strangely silent night; only the high-pitched, metallic drone of the receiving instrument as the dot-and-dash instructions came across the Caribbean from the far-off surgeon broke the stillness. Then would come the crash of the sending machine as the wireless man told the surgeon how the operation was proceeding.

The Swan Island cook took a deep breath and began his initial experience as a surgeon. The knives and saw were sharp, his hand was steady and he was engaged in saving the life of a fellow creature. The cook made a cut around the limb two

in the annals of surgery. Here was a case in which a man's leg was amputated by a surgeon 200 miles away. The marvelous radio which has saved ships, which has brought succor to the wounded and dying, never gave a more thrilling demonstration of its powers.

The story of the operation has just been brought to the United States by Mrs. Frank Gibbons, formerly Miss Elsie Saunders, a nurse in Cook County Hospital of Chicago. Mrs. Gibbons is the wife of Frank Gibbons, the Swan Island wireless operator whose life was saved by the wireless surgical operation. The little woman is home to rest after her terrible ordeal, for it was she who administered the ether and helped tie up severed arteries and veins while the Swan Island cook wielded the knife and saw that severed her husband's crushed leg.

**WIRELESS ROOM IN HOSPITAL.**

They had been installing a new dynamo in one of the wireless towers on Swan Island. Wireless Operator Gibbons was assisting in the work. Suddenly and without the slightest warning the wooden platform on which the dynamo was being erected collapsed and the heavy machine fell on Gibbons, pinning his right leg to the floor. When the dynamo had been raised from the unconscious operator it was found that he had been seriously injured. The limb was crushed almost to a pulp at the knee.

For two days Mrs. Gibbons, whose experience as a trained nurse in Chicago served her well, attended her husband. She realized that the leg was lost.

"Oh, if we could but get a surgeon," she kept exclaiming. "If we had a surgeon Frank's life would be saved."

The condition of the patient kept growing worse. Then there were symptoms of deadly gangrene. At last Mrs. Gibbons had an inspiration.

"If we can get in touch with some ship having a surgeon on board we

The wireless operator on the steamship Tivives of the United Fruit Line was suddenly startled out of his midnight drowsiness a few weeks ago by a radio call for help. The call was answered and quickly there flashed to the ship from a lonely island in the middle of the Caribbean Sea this request for a surgeon: "We've got a dying man—need a surgeon's advice—for God's sake, get one quick!"

The wireless man, all sleep gone from his tired brain, rushed to the cabin of the ship's surgeon, Dr. Charles Casey. The surgeon, in pajamas, was hurried to the wireless house and stood by the operator while he got in touch with Swan Island.

Swan Island is a lonely place about midway between Jamaica and British Honduras. It has one of the most powerful wireless stations in the western hemisphere. The steamship was just out of Kingston, bound for Colon. The island and the ship were talking over a distance close to 200 miles.

Swan Island quickly told its troubles. In dots and dashes the story came through the ether while the tense listening operator repeated it word for word to the surgeon. One of the Swan Island wireless operators had met with an accident. His right leg had been badly crushed at the knee. Gangrene had set in. The man was in a dying condition. What was to be done?

**LONG DISTANCE DIAGNOSIS.**

Surgeon Casey asked for a detailed history of the case. He asked for a minute description of the crushed limb. When the desired information had been flashed across the dark waters the surgeon ordered the ship operator to tell Swan Island that instant amputation of the limb was the only course to save the injured man's life.

"All right," came back the word from Swan Island. "We're game to operate if you'll tell us how."

Then followed as strange an op-

## Statements of Two Chief Actors in Surgical Feat

By Mrs. Frank Gibbons.

During my experience as a trained nurse in Chicago I witnessed and assisted in many hundreds of operations but, strange to say, I never saw an amputation. Shortly after my husband met with his accident I realized that an amputation would be necessary to save his life. I hope I shall never again experience such a strain as I did during that operation directed by a surgeon so far away. A dozen times during the proceedings I felt that I was going to faint, but I steeled myself, realizing that to save my husband's life I must retain my presence of mind. I tried to forget that I was the wife of the patient. I tried to forget that I was madly in love with the sufferer. I tried to delude myself into the thought that I was but a trained nurse assisting at the operation of a stranger, whose case meant nothing particularly to me. It was a difficult matter, but I succeeded. I kept a steady hand and as a result I was able to make use of my knowledge of the operating room. But when it was all over and I realized that my husband's life was saved I could not continue my self-delusions. I became myself again; a simple, loving wife. And then it was that I fainted.

By Dr. Charles Casey.

As a surgeon on land and sea for a score of years I have performed or assisted in many operations, but never did I have a more thrilling experience than in directing the amputation of a man's leg at a distance of 200 miles from the operating table. I was given a detailed account of the man's injuries and I speedily realized that an amputation alone would save his life. I knew there were no skilled surgeons at the other end of the wireless, so I had to be unusually explicit in my directions. I directed the Swan Island operatives how to adjust the tourniquet and how to etherize the patient. Then I instructed them to make a cut around the limb about three inches below the tourniquet. I then told them to turn back the skin and flesh like a cuff. This being done, I instructed them to cut through the muscles to the bone and saw the bone. This left several arteries and veins open. They had no artery forceps, so I told them how to get hold of the blood vessels with a needle, which, having been done, they were instructed to tie with silk. Then the flap of flesh—the cuff-like flap—was turned back and stitched and the operation was complete.

inches below the tourniquet. He turned back the skin and flesh like the cuff on a shirt. Slowly but surely the operation progressed.

Defly the volunteer surgeon cut through the bone. From time to time Mrs. Gibbons passed the ether over to her woman assistant while with deft, trained fingers she bound

up severed arteries and veins with surgical silk. Also with deft fingers that betokened not the slightest nervousness she wielded the needle and thread that brought the flaps of flesh together.

At last the terrible strain was over. The operation was completed. The wound had been sterilized, the

gauze drain had been applied, the tourniquet had been removed and the still unconscious patient, whose fluttering heart betokened the fact that life still existed, was being carried to his bungalow. Then Mrs. Gibbons, whose demonstration of pluck is equal to that of any heroine in history, fainted dead away as the

wireless crashed out the message. "The operation is over and seems successful."

"Goodnight and good luck," droned back the reply from the directing surgeon 200 miles across the Caribbean, over which the first pink light of early dawn was beginning to break.