

# **NOTES ON SURGICAL TREATMENT AND MINOR OPERATIONS**

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Notes on Surgical Treatment and Minor Operations by Thomas F. Hopgood

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**THOMAS F. HOPGOOD**

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MINOR OPERATIONS**



NOTES  
ON  
SURGICAL TREATMENT AND  
MINOR OPERATIONS.

*SPECIALLY DESIGNED FOR HOUSE SURGEONS AND STUDENTS.*

BY  
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## PREFACE.

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THE design of this work is to place in the hands of the House-Surgeons and Students a short account of the various surgical operations and diseases which are likely to come under their care, together with their treatment.

It is not intended to replace any of the works of surgery, but simply as a guide to every-day work of *House-Surgeons* and *Students*.

THOMAS F. HOPGOOD.

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## AIDS TO SURGICAL TREATMENT.

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THE object of this work is to repair an omission common in the text-books on surgery. These, while they present ample directions to the operator, say little or nothing concerning the important subject of the after-treatment of patients who have been submitted to operation. It has been thought, therefore, that the publication of a series of papers suggestive of the course fitted to be pursued in these cases may be useful to the student and to the house surgeon.

The duties of a House Surgeon are many in number; they not only are to follow out the directions of the physicians and surgeons, but to see that in all cases of operations everything is ready, and that the dressers or assistants should each know what he is required to do. The ventilation of the wards is another most important portion of the medical officer's duty. It is proposed to draw up in order the instruments, splints, etc., required for the various operations, and also to consider the small operations which he has to perform, the administration of chloroform, etc., etc.

When a patient is brought into the hospital suffering from an injury, the first thing to decide is—shall he send for the surgeon of the week? This is rather a difficult question to answer, as it depends a great deal upon the rules of the charity, but still more upon the surgeon under whose care the patient will be admitted; but as a rule he may not send if the case is one of simple fracture—a scalp wound with no injury to the bones of the head; compound fractures, where there is no injury to the vessels, and no great damage to the soft parts; dislocations, which can be re-

placed easily, should be effected at once. The cases, then, which require the attendance of the surgeon are compound fractures, with great injury to the soft parts, or where the joints are implicated; dislocations that are unable to be replaced without the pulley, etc.; injuries to the pelvic bones when a catheter cannot be introduced; and as a rule, when there is fear of a patient dying; this last entirely rests with the wishes of the medical officers.

In examining a patient, remember the rules that no part be left unexamined, for it has happened that a patient admitted with a fracture of the leg has also had fracture of a rib, and the latter had been entirely overlooked until the patient himself pointed it out. Also take care to compare the two sides, for although the bones of one side do not look of a natural shape, those on the uninjured side may present the same appearance, and thus put an end to any fear of displacement or fracture of any of the bones. If the case be one of injury to the pelvic bones, or over the internal organs, always pass a catheter, and in doing so use a No. 10; and should there be any blood in the urine tie it in, as although it may have been easily passed first time, should there be laceration of the urethra, it may not be so easy a matter next time. In injuries of the head take note of the state of the pupils, and also notice if there has been hæmorrhage from the nose or ears. In a few of the cases the patient may have had previous injury of the eye, causing contraction of one pupil, so that it is always well to be on the lookout for such a complication.

It will sometimes also happen that the other leg may have been previously broken, and that there is shortening of an inch or more; it is important to know this, as it may mislead in cases of fracture within and without the capsule of the hip joint.

Having then determined the nature of the accident, if it be a dislocation the sooner it is replaced the better; if it be a fracture the less it is handled the better.

The next step is to remove the patient to bed, and it is best to do this before putting the fracture up.

In fractures of the thigh and pelvic bones it is best to place the patient upon a bed with a hole in the middle, so that he will not have to be moved to use the bed-pan. A very easy way of having a bed made of this description is

that which I adopted at Guildford—namely, having removed all the iron rails of the bedstead, I had a board made to fit it, in the centre of which was a piece cut out, and underneath a sliding lid which could be removed, and a bed-pan slipped into the same place. A corresponding hole was cut in the mattress and a piece made to fill this up, so that when it was not required this was placed in the hole and the piece of wood pushed underneath it. Three draw-sheets are required, one for the feet, one for the upper part of the body, and one for the centre. In this way the only thing required is to remove the middle one each time.

The minor operations, etc., which come under the care of the House Surgeon are :

- I. Amputation of Fingers.
- II. Ranula.
- III. Phymosis.
- IV. Paraphymosis.
- V. Opening Abscesses.
- VI. Tapping Hydrocele.
- VII. Opening Bubo.
- VIII. Extracting Teeth.
- IX. Removal of foreign body from Eye.
- X. Ext. foreign body from Nose and Ear.
- XI. Passing Stomach Pump.
- XII. Passing Catheter.
- XIII. Cutting Tongue.
- XIV. Paracentesis Abdominis.
- XV. Skin Grafting.
- XVI. Removal of Nail.
- XVII. Enlarged Bursa Patellæ.
- XVIII. Tracheotomy.
- XIX. Laryngotomy.
- XX. Cupping.
- XXI. Bleeding.
- XXII. Amputation of the Toes.
- XXIII. Removal of Sebaceous Tumours.
- XXIV. Administration of Injections to Rectum.
- XXV. Administration of Injections to Urethra.
- XXVI. Removal of Ring from Finger.
- XXVII. Removal of Splinter of Wood from under Finger-nail.
- XXVIII. Tumour of Eye-lids.