

**TEN YEARS OF OPERATIVE SURGERY IN
THE PROVINCES, BEING THE RECORD OF
EIGHT HUNDRED AND SEVENTY-FIVE
OPERATIONS, PERFORMED FROM 1850 TO
1860. PART I. COMPRISING 689 CASES**

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Ten Years of Operative Surgery in the Provinces, Being the Record of Eight Hundred and Seventy-Five Operations, Performed from 1850 to 1860. Part I. Comprising 689 Cases by Augustin Prichard

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AUGUSTIN PRICHARD

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EIGHT HUNDRED AND SEVENTY-FIVE OPERATIONS,
PERFORMED FROM 1860 TO 1870.

BY
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PART I.
COMPRISING 689 CASES.

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PROVINCIAL OPERATIVE SURGERY.

I PROPOSE under the above head to lay before the readers of the BRITISH MEDICAL JOURNAL a complete but brief account of ten years of operations. This will include those operations which fell to my share during that period as one of the five surgeons of the Bristol Royal Infirmary, and will therefore represent as nearly as possible one-fifth of the cases occurring there in that time, with the addition of the usual small proportion met with in private practice.

Of the more important operations, every case, whether successful or otherwise, will be noted; but of the minor ones, a few have slipped away for want of accurate notes taken at the time of their occurrence. The whole number of each kind of operation is too small to supply any safe basis for statistical results, supposing that medical and surgical statistics were ever useful; but I think that those of our associates who are employed in a like occupation will feel sufficient interest in this and the following papers, to justify my publishing them; and I am not without hope that they may be even useful; for every surgeon with a moderate amount of practice, whether among the poor or rich, must be the depository of some truths worked out by his own observations, or some curious results of his own experience, which, if they were published, would be new to most of us; and it cannot be doubted that a vast store of valuable medical knowledge lies concealed, especially in the remoter country districts, and that the greater part of it is lost to the world and disappears at the same time as its possessors.

In the Bristol Royal Infirmary, where the great majority of the following cases occurred, there are nine surgical wards, and about fifteen hundred surgical cases are annually admitted as in-patients; and each surgeon has the charge of all the in- and out-patients (including casualties) admitted every fifth week, as long as they continue to be under treatment. The cases of operations on the eyes were at the Bristol Eye Dispensary, as well as at the Infirmary, with perhaps rather a larger proportion in private practice. I am not aware of any particular advantage to be derived by distinguishing in a report of this kind the hospital from private cases, and therefore they will all be classed together, unless it appears that some change in the result of treatment may be traceable to this element in the case.

Upon looking over the respective numbers under the separate heads of the diseases, treated by operative measures, it will appear that some of the less important cases, which are generally considered to be of frequent occurrence, are represented by very small numbers; for instance, I note more amputations of the thigh than operations for hare-lip, and more operations for strangulated hernia than for fistula *in ano*, and thus no criterion is afforded of the comparative frequency of these disorders, because cases involving the slighter operations are treated by the practitioners under whose care they first come, and also of a considerable number no accurate notes or records have been kept.

A retrospect of only these last ten years during which I have been surgeon to the Bristol Royal Infirmary, and the necessary examination of my notes of the operations I have performed there and elsewhere during that period, have shown very clearly not only that the science and art of surgery are progressive, but that they make rapid and important progress, and that even in this time numerous valuable improvements have been introduced, and the public who derive the chief benefit of hospital experience are not sufficiently impressed with this fact, nor is it sufficiently urged upon them as an argument for giving liberal pecuniary aid to these truly English establishments.

In the following report, by far the greater number of the more important operations were performed while the patient was under the influence of chloroform, or chloroform with

ether or alcohol, or after the application of the freezing mixture of pounded ice and salt, and unless there is anything particularly noticeable upon the subject of anaesthetics it will not be alluded to in the account of each individual case. I refuse chloroform in the lesser operations, as squint and cataract cases and the removal of tumours, and the minor amputations, and wherever ice and salt can be conveniently applied.

Some of the cases have been described before in the pages of the JOURNAL, but not in a connected or systematic way; and therefore I make no apology for briefly introducing them again in the order into which they will naturally fall; and lastly, to conclude these few introductory remarks, although I do not wish to provoke criticism, it is perhaps best to say that I hold myself solely responsible for all the opinions and methods of treatment described in the following cases, as well as for any remarks I may make upon the published reports and surgical papers of other writers.

The arrangement of the cases in a sufficiently intelligible order is very simple; and the following classification has been adopted, as being convenient and inclusive:—

1. Operations on the Face, Tongue, Palate, Neck, and Chest.
2. Operations on the Abdomen and Lower Part of the Intestine.
3. Operations on the Breast.
4. Operations on the Genito-urinary Apparatus.
5. Operations on the Eye.
6. Autoplastic and Orthopaedic Operations.
7. Excisions of Diseased Joints and Bones.
8. Operations involving the Vascular System.
9. Tumours.
10. Amputations.