

**SURGICAL CASES MAINLY
FROM THE WARDS OF
THE STAMFORD, RUTLAND
& GENERAL INFIRMARY**

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Surgical Cases Mainly from the Wards of the Stamford, Rutland & General Infirmary by
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WILLIAM NEWMAN

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ERRATUM.

Paragraph 2, p. 16, should stand thus :—

“Eliminating, however, three cases, viz., the amputation at the shoulder, that at the hip joint, and that of the leg after excision of the ankle joint, as having been submitted to operation with very small hope of success : the remaining cases, eighteen in number, give simply *one* fatal result.”

AMPUTATIONS.

The instances in which Amputations have been found necessary are as follows:—

For convenience they are divided into those demanded by local injury, these distinguished again as primary and secondary; and those which were rendered necessary by long standing disease:

CASES OF INJURY—PRIMARY.

Thigh.

Case 1. G.B. M, 12. Caldecot, was admitted Sept. 18, 1866.

On admission the boy was very pale and in a state of marked collapse. He had received a very severe gunshot wound implicating the left knee joint and the lower third of the left femur. Standing at the moment of discharge at no great distance from the muzzle of the gun, and with the left leg slightly advanced, the boy must have received the contents of the barrel, passing from before backwards before any scattering of the charge could have occurred. The knee joint was opened on the inner side, the inner condyle of the femur had been blown away, and the inner hamstring muscles together with the soft parts on the posterior face of the lower third of the femur were reduced to a mere pulp.

There had been a good deal of blood lost during the transit to the Infirmary.

So soon as the boy's condition would allow of any surgical interference, amputation was performed in the middle third of the thigh. A long anterior skin flap was raised, somewhat after Mr. Teale's method, and a short square posterior flap was cut just above the line of local damage. The femoral artery alone needed ligature.

The after progress was very satisfactory. On the ninth day the ligature came away from the main vessel, and the patient was discharged with a very good stump on Oct. 16, one month after the date of the operation.

Case 2. T.H. M. 14, Easton, was admitted Oct. 28, 1868.

When at work this morning on a thrashing machine his foot slipped and he fell directly among the actively moving machinery.

The left leg was found to be utterly smashed, the foot stripped of integument and the tarsal and metatarsal bones crushed. The tibia and fibula were comminuted and the muscles of the calf torn away. The femur was fractured at the junction of the lower and middle thirds, and there was also on the front of the thigh a deep wound leading down to the fracture and extending deeply into the soft parts.

When the boy had rallied somewhat, the limb was removed at the middle of the thigh, and to save as much of the uninjured parts as could be managed, I made two lateral skin flaps starting from the wound already noted, dividing the muscles by circular section, and sawing through the femur about the middle.

The after progress was satisfactory, but the process of repair was extremely tedious. Three months after the operation dead bone was detected at the bottom of some deep sinuses, and the stump was noted to be still swollen and tender. In April, 1869, two small pieces of necrosed bone were removed from the sawn end of the femur, and perfect recovery soon followed.

Leg.

J.B. M. 14, Market Deeping, was admitted Feb. 14, 1872.

The boy had received a very severe injury to the left foot a short time before admittance. A laden railway truck had passed over the foot, crushing the os calcis and astragalus, and opening the ankle joint by a large external wound.

There had been far too much of local injury to allow of any thought of an amputation at the ankle joint, and the limb was accordingly removed at the junction of the lower and middle thirds of the leg. Circular incisions were made. The lad recovered very well and was discharged March 5, with the stump all but quite sound.

At Shoulder Joint.

T.P. M. 23, Ryhall, was admitted Aug. 9, 1872.

A few hours ago he was terribly injured by a reaping machine drawn by horses. He was unwisely stooping down to examine part of the machine while the horses were still attached to it; at that moment something startled the horses, and they ran off, knocking the poor man down. He was entangled beneath the knives of the reaper, and was only with difficulty released from his perilous position.

He had dislocation of the left femur backwards on the dorsum ilii, and very much tearing of the integument on the whole of the back, while in addition the right upper arm was much injured, a lacerated wound extended quite down to the bone in the upper third, and the brachial artery and veins together with the biceps muscle, were found to have been torn through. The

condition of collapse was so very decided that no operative procedures could for a time be undertaken; the man was carefully fed, stimulants given and the subcutaneous injection of morphia was practised. All this with so much of apparent improvement that the next morning, 18 hours after the accident, it was decided after careful consultation to remove the injured limb:—

When ether had been administered, the dislocation of the femur was reduced very readily by manipulation; then the axillary artery was dissected out at the inner and upper part of the wound and tied high up, the formation of a large outside flap including the deltoid muscle completed the incisions, and the humerus was readily disarticulated. But little blood was lost, yet the man never rallied and sank about two hours after the operation.

Upper Arm.

G.C. M. 22, Uffington, was admitted Oct. 3, 1870.

The patient had sustained compound fracture of both radius and ulna in the upper third of the right fore-arm, with much laceration of the soft parts just below and above the elbow. The arteries were still pulsating at the wrist with normal force. He had met with this injury while attempting to remove a strap from a chaff-cutter driven by steam.

It seemed at least worth the trial to attempt to save the limb, and antiseptic dressings were carefully applied. The next day the dressings were changed, the arteries were still pulsating and the local conditions were not apparently worse; late in the evening the hand was found to be warm. Twenty-four hours subsequently, Oct. 5, on removing the dressings the pulsation in the arteries could only be traced down to the elbow and the fore-arm was quite cold and insensible. Amputation through the middle of the upper arm by the circular method was at once done: the after progress was satisfactory and he was discharged with a soundly healed stump on Nov. 2, 1870.

Fore Arm.

E.C. M. 15, Castle Bytham, was admitted Sept. 14, 1880.

Four hours before admission, when working on a steam thrashing machine, he sustained severe injury to the right arm. There was a very oblique fracture of the right humerus about the middle of the bone, and the right fore arm in the upper part of the middle third had been torn off. The division both of bones and soft parts was sharply cut and clean, probably effected by some rapidly moving strap of the machinery.

The fracture of the humerus was first put up with three splints, and then I did an amputation of the fore arm about 2in. below the elbow, making anterior and posterior skin flaps with a circular division of the muscles; the radius and ulna were cut through high up with a strong pair of bone forceps.

An attempt was made to treat the stump with antiseptic dressings; but on the fifth day the wound was distinctly putrescent, the source of this mischief doubtless being the apparatus necessary to fix well the fracture

through the humerus. Simple dressings with boracic ointment and lotion were therefore resorted to.

A fortnight after admission the fracture was fixed with plaster of paris bandages; some œdema present about the lower end of upper arm and the stump. The stump was found to be healing well.

He was discharged on Oct. 29, the fracture of humerus quite firm and in good line: and the stump also well covered and sound.

CASES OF INJURY—SECONDARY.

Leg.

Case 1. C.B. M. 9, Castle Bytham, was admitted Nov. 9, 1868.

He had met with severe injury to the left leg in the middle third from the passage over the limb of a heavily laden cart. There was compound fracture of both bones, with a large external wound and much bruising of the soft parts.

A careful attempt was made to save the limb, it was placed on an iron back splint, and swung from a cradle with simple dressings to the wound. But the lad's general condition failed so much and the aspect of the limb was so unpromising that Nov. 19, ten days after admission, a consultation of the Surgeons was held. Chloroform was given and the external wound enlarged by a free incision so as to expose the fracture thoroughly. A portion of the tibia, more than an inch long, was found to be detached, loose, and twisted on its own axis: the inferior fractured end looked directly forwards, and the anterior and posterior surfaces, denuded in great measure of periosteum, were in contact respectively, with the fractured ends of the upper and lower portions of the tibia. This fragment was removed, but only to make evident so much of injury to the deeper soft parts, that it was decided without hesitation to remove the limb.

The amputation was accordingly done at once by making in the upper third of the leg, anterior and posterior skin flaps with circular section through the muscles. The main artery only required a ligature.

Little more than a month afterwards Dec. 19, the boy was discharged with a sound well-healed stump. He would walk well with the right knee resting on a wooden support.

Case 2. T.R. M. 42, Glaston, was admitted Jan. 11, 1877.

He had received in the morning severe injury to the right leg in the lower third, from putting his foot between the spokes of the wheel of a railway truck when in motion: he was at once thrown down and the limb severely twisted. A very thick boot had saved the integument apparently from much injury, indeed beyond discoloration on the outer side and some surface abrasion over the internal malleolus there was little to be seen; but there was fracture of both