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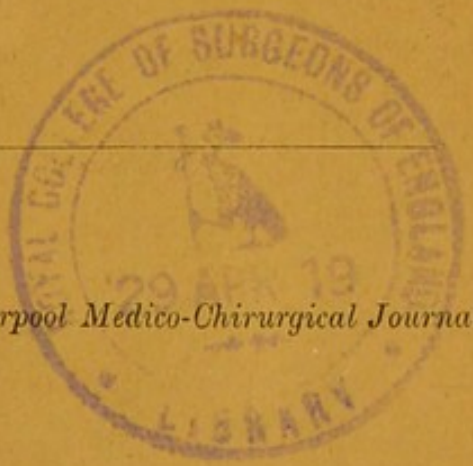
"SCRAPING" IN SURGERY.

BY

T. PRIDGIN TEALE, M.A. Oxon, F.R.C.S.



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W Marshall with
W Teale Compliments

"SCRAPING" IN SURGERY.

By T. Pridgin Teale, M.A. Oxon, F.R.C.S., *Consulting Surgeon to the General Infirmary at Leeds.*

It is only in recent years that surgeons have recognised how great a power they have acquired over indolent unhealing surfaces by the introduction of the scraper. We are mainly indebted to Volckmann, who, in the "spoon" called by his name, has put into our hands an instrument by which indolent granulations, the lining of sinuses and abscesses, unhealthy ulcerating surfaces, lupoid ulcers, and even malignant growths, can be roughly rasped away, leaving a sound surface well supplied with blood-vessels, and disposed to fall into rapid healing. To the out-patient departments of hospitals this new power should be an inestimable boon. Cases of strumous sores and sinuses, and ulcerated legs, which reappeared week after week, and month after month, can now, by the expenditure of two or three weeks in hospital, be turned out healed, or so far advanced in healing that a week or two of home care will complete the cure. Even ophthalmic surgeons are falling under the spell of this new power, and are learning to compress, within a few days, the treatment of cases which often dragged on a weary course of attendance for months. Such are tinea tarsi, ulcers of the cornea and granular lids, eczematous ulceration of nostrils, lips, and eyelids.

This is a general statement of the subject which forms the heading of this paper. Let me now enter more into particular details.

Instruments.—First claim to mention belongs to *Volckmann's spoon*, as being the starting-point and forerunner of recent improvements. It is defective in being too stumpy and too straight. It is not suitable for searching cavities and tortuous sinuses, and in use is applied to a surface at too great an angle; neither can it be made so useful as a director, as is conspicuously the case with the modification suggested by Sir Joseph Lister.

Lister's scrapers, which were figured in my lecture on scrofulous glands in the *Medical Times and Gazette* for January 17, 1884, were a derivative from, and a great improvement upon, Volckmann's spoon. These, in three sizes, meet all ordinary requirements of scraping on a large scale. For dealing with scattered points of lupus, for tinea tarsi, for smaller sores about the eyelids and nares, the *smaller scoop*, invented by *Squire*, is of great value.

Lastly, there is the *small delicate spoon*, devised for scraping ulcers of the cornea; but of the inventor's name I am ignorant.

Such being the instruments, let me now give instances which illustrate the varied ailments in which they can be beneficially brought into use.

(*a*) *Subcutaneous Ulceration.*—My earliest experiences in scraping were in those remarkable cases of extensive subcutaneous ulceration which show almost an incapacity to heal, and which, from their superficial likeness to the sores and sinuses leading to dead bone, I used to speak of as "necrosis of fascia," acknowledging, at the same time, that the name was indefensible. In such cases we find large sores with sinuses leading to extensive cavities between the cutaneous tissues and the fascia covering the muscles, lined with granulations and more or less of half sloughy areolar tissue. These underminings are often very extensive, and involve, at times, half or two-thirds of the subcutaneous area of the thigh or leg, the lower extremity having been, in my experience, the most frequent seat of this kind of trouble.

Formerly we should have said that such a surface could not

heal because the patient was strumous or of weak constitution. Now we can almost guarantee that all, however extensive, or of however long standing, shall be healed in a very few weeks.

The worst case of the kind which ever came under my charge was that of a girl about 18, whose left leg and thigh were covered with sores, from which sinuses led to undermined patches of skin, so extensive that in consequence the leg was rigidly fixed at an acute angle with the thigh, and she appeared to be a hopeless cripple—aged and worn out in appearance, and such as one might have condemned as hopelessly strumous. The course of treatment in such a case, spread over two or three operations, would be as follows:—All visible granulations are roughly scraped off a series of sores. The cavities and sinuses are then in like manner stripped by scraping off their granular, ulcerative, or sloughy lining; and these undermining cavities are provided with effective drainage by incisions, at the extremity of every pouch or pocket, perhaps an inch and a half in length, and T-shaped or semicircular, as a security against premature healing. By these incisions it is provided that no subsequent effusion of blood or serum can possibly collect and lodge. All fluid must ooze out and escape, and the walls must fall into contact, and in the main adhere by first intention. The cavities are then well syringed by carbolic acid solution (1 in 60), and generally are lined by a thinly spread coating of iodoform. The whole is packed up with an abundant padding of salicylic silk or absorbent cotton-wool charged with an antiseptic drug. Occasionally it is well to insert a drainage tube from point to point. As there is at first considerable sero-sanguineous oozing, it is wise to change the dressing in about twenty-four hours, dressing the new surfaces freely with iodoform, and covering again with a large absorbent pad, which ought not to need renewal for several days. In a fortnight all but the drainage points are, as a rule, healed. The girl in question was, in a few weeks, healed of her sores, was thriving in appearance, and actually recovered full use and movement of her leg without any aid whatever from passive motion or division of tendon.

(*b*) *Scrofulous Glands.*—This very large field for the use of

the scraper, not only for dealing with sinuses and suppurating cavities, but for scooping out and eradicating decayed, damaged, and caseating glands, need not be dwelt upon here, as I have already fully treated of it in my published clinical lecture on the surgery of scrofulous glands.[1]

(*c*) *Lupus and Lupoid Sores.*—The application of scraping to lupus and lupoid ulcers came to us, I believe, from Germany. It has proved a decided advance upon former methods of treatment by caustics and cautery, which, in my hands at any rate, had proved both tedious and disappointing. The scrapers (Lister's and Squire's) give us very much increased power, as fortunately the diseased structures are softer than the healthy ones, and break down before the scraper, which passes over, even when forcibly used, the tougher healthy structures without injuring them. True, even the scraper needs to be repeatedly used, often for long periods; but it has, as far as I have seen, proved to have far more power and permanent effect over lupus than former methods of treatment. In treating such cases, it is important to search out and dig out every suspicious point or cavity, using the small scoop of Squire.

(*d*) *Epithelioma.*—I have on one occasion used the scraper on an extensive epithelioma of the side of the head, with, at any rate, temporary improvement; and, in one case, under the care of my colleague Mr Jessop, a considerable part of the scraped surface healed over. The proceeding is one well worthy of trial and investigation.

(*e*) *Abscess.*—Of old, when a surgeon met with an abscess, he considered that he had discharged his duty when he had made a moderate opening with a bistoury or Squire's abscess knife, without anæsthetics, and had ordered the application of a large linseed poultice. What do we do now? Let the following case tell the tale.

Some three years ago I was summoned by Mr Cass of Goole to see a lady supposed to be within a week of her confinement, who was suffering from a swelling over the great trochanter, the size of a large orange, and discharging perhaps a pint a day

[1] *Medical Times and Gazette*, January 1884.

of thin dirty-looking offensive pus. On my arrival the doctor met me with a long face, saying that our patient (a primipara) had just commenced to be in labour, so that any consultation on the surgical question for which I was summoned was out of the question. It happened that I had to stay the night. At 9 the birth of a child was announced. At 9.30 I was hastily summoned by the doctor, and found the lady almost pulseless from severe flooding after the escape of the placenta. After several hours of grave anxiety the patient rallied fairly well. On visiting her on the afternoon of the following day I found her feverish and feeble, with a temperature of 103°, but with no signs of uterine inflammation. As the case was threatening, it was decided to summon Dr Playfair from London. We met the following day, about forty-two hours after delivery. Having come to the conclusion that there were no uterine nor peritoneal symptoms to account for the febrile condition, we decided that her symptoms must result from the abscess, and that the abscess must be at once surgically dealt with. Having put her under the influence of ether, I made a free incision into the abscess, which proved to be a suppurating bursa over the trochanter major.[1] There was a large cavity spreading under the gluteus maximus lined by sloughy tissue. With the aid of the scraper I removed a great part of the sloughy lining, but some portions still attached to living tissue could not be got away. The aponeurosis of the gluteus maximus, which stretches over the trochanter, was divided, and the cavity was cleaned out by the aid of sponge and lint, well syringed with carbolic acid lotion, and was charged in every corner with iodoform. Drainage was provided at the extreme corners by incisions and drainage tubes. The whole was then covered by a large packing of salicylic silk.

In twelve hours the dressing was soaked, and had to be changed. The *second dressing was not needed until fifty-six hours afterwards*, and there was thenceforth a very small amount of discharge. Her temperature became normal in

[1] Clinical essay "On the Simulation of Hip Disease by Suppuration of the Bursa over the Trochanter Major," *Lancet*, Oct. 8, 1870.

about four days, and the wound, in spite of the delay caused by the separation of the remainder of the sloughy lining, was sound in six weeks.

(*f*) *Bubo.*—When commencing to suppurate, a bubo, even though syphilitic, can be brought to a speedy termination by incision and evisceration by the scraper, and the usual after-treatment by iodoform and antiseptic dressing. The fact that it is of syphilitic origin does not impair the value of this treatment, and does not necessarily imply a need for antisyphilitic treatment.

(*g*) *Carbuncle.*—Probably in no disease involving severe pain, and occasionally threatening life, is treatment by scraping more conspicuously of value than in carbuncle. A central crucial incision of moderate size, with vigorous scraping in every direction in which the scraper can penetrate into the half-dead tissue, will cleanse the diseased mass of much of the half-dead putrefying poisonous material. This main attack should be supplemented by smaller crucial incisions and scrapings of contiguous carbuncular skin, and by numerous small incisions or lancet punctures into any neighbouring skin, which, though not carbuncular, is œdematous, infiltrated by the spreading poison, and already half-condemned to a destructive career. Having rid the mass as far as possible of all diseased, decaying, infecting material, the resulting cavities and crevices should be well soaked, either with pure carbolic acid, carefully used so as not to scald the skin, or, perhaps, more advantageously, with "glycerinum acidi carbolici," so that every crevice where half-dead tissue remains may be soaked and penetrated. Finally, the raw surface is well charged with iodoform and dressed with salicylic silk, or some such absorbent antiseptic material. The result is, cessation of pain and feverishness, restoration of normal temperature, and a rapid establishment of comfort, convalescence, and healing.

(*h*) *Preputial Warts.*—In one case of extensive preputial warts in a young man, I used the scraper with a most gratifying result, rasping away a large crop of small warts from the glans penis and contiguous prepuce.

Affections of the Surface of the Cornea and Eyelids.

Not the least among the benefits derived from scraping are to be found in ophthalmic surgery.

The following may be taken as typical proceedings:—

(*i*) *Tinea Tarsi.*—Having rendered the conjunctiva insensitive by cucaine, the surgeon first cuts off the eyelashes close to the crusts; then, with Squire's scoop, scrapes off every scrap of crust, as well as the surface of the exposed ulcerations. He then very carefully paints every raw surface with glycerine and carbolic acid (1 in 10—), taking care that the brush is not too much loaded. The next step is to dredge iodoform over the edges of the lids, and even into the eye itself. Finally, the orbits are filled with absorbent cotton-wool, and the pads are firmly fixed by broad straps of plaster. The pads may be removed in forty-six or seventy-two hours, and often do not need to be renewed.

(*j*) *Ulcers of the Cornea.*—The but too familiar cases of strumous ophthalmia with agonising intolerance of light may often be brilliantly dealt with in the following manner:—

The patient is put under the influence of ether, and the eyes are exposed by the spring speculum. Any trace of ulceration on the cornea or its margin, or any visible granulation on the cornea, or any pustule on the conjunctiva, is scraped bare by the delicate eye-scraper. The cornea, lids, and conjunctival sac are thoroughly cleansed of all trace of secretion by washing with weak solution of carbolic acid (1 in 100), and the cornea and conjunctival sac are dredged with iodoform. If the intolerance of light has been excessive, it is well as a next step to paint the skin of the eyelids and eyebrows with solid nitrate of silver. The skin having been moistened with a sponge, the solid nitrate is rubbed once over the surface. A further dredging with iodoform, and the application of the cotton-wool pad, cased with a broad strap of plaster, completes the dressing. As a rule the dressing need not be disturbed for many days; and, on its removal, I usually find the intolerance of light gone, the patient in comfort and thriving, with perhaps a healing

non-irritable ulcer, which, as a rule, needs no further treatment beyond a drop of solution of atropine twice or thrice daily until all is healed.

Some apology is due for this hasty sketch; and, I must confess, my apology is want of time. Had the editors allowed me to keep it back until the next number, I should have given illustrations of the various forms of instruments recommended, and have described in more exact detail the cases on which the essay is based.