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Publication/Creation

[Glasgow] : [MacLehose], [1866?]

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CLINICAL SURGICAL REPORT.

BY GEORGE BUCHANAN, A.M., M.D.,

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THE Statistical tables affixed to the annual report of the Royal Infirmary, contain a very meagre account of the general results of surgical practice. Any such compilations to be interesting must be detailed a little more fully, and to be of any real value, as grounds of comparison with the practice of other hospitals, the data in each case must be presented with considerable accuracy.

The following tables contain a vidimus of the surgical practice in the wards under my charge from 1st January, 1865, to the same date 1866. Ward 27, where casualties are received, contains 19 beds and 3 cribs; ward 30, for females, contains 14 beds and 5 cribs; and ward 16, for chronic surgical diseases in males, contains 18 beds and 1 crib: in all, 60 patients can be admitted to the three wards under my charge. In summer they are never fully occupied, but at other times frequently every bed is engaged. Thus the practice of this section of the infirmary is that of a small surgical hospital of 60 beds, to which are admitted cases of all kinds occurring in males, females, and children. The total number of patients admitted during the year ending 1st January, 1866, was 447; of these, 333 were males, and 114 females. Of the whole number, 50 were children, under twelve years of age. Of the whole number admitted during the year, 414 were dismissed cured or relieved, while 33 died. Only one child of the 50 died, exhausted by an enormous chronic abscess of the thigh. By examining the table, it will be seen that many of the deaths were the result

OPERATIONS, 1865, BY DR. GEORGE BUCHANAN.

Date of Admission.	Date of Operations.	Name.	Age.	Sex.	Disease or Injury.	Duration of Disease.	Cause of Disease or Injury.	Operation.	Result.
Jan. 2	Jan. 6	D. O.	48	M	Ileo-pubic dislocation of hip	1 day	Fall of earth	Reduction	Cure
" 10	" 11	Mt. B.	16	F	Necrosis of tibia	2 weeks	Constitutional	Excision of diseased bone	do.
" 11	" "	J. W.	60	M	Dislocation of humerus	6 weeks	Fall	Reduction	do.
" 22	" "	J. M.	13	"	Avulsion of arm	1 hour	Machinery	Amputation at surgical neck	do.
Feb. 7	Feb. 11	G. A.	27	"	Urinary calculus	2 years	Constitutional	Lithotomy	Improved
" 22	" "	J. S.	43	"	Epithelial cancer of lip	18 mon.	do.	Excision of half the lip	Cure
" 23	" "	F. G.	30	"	Ulceration of cartilages of knee joint	10 mon.	do.	Amputation above knee	do.
" 27	" "	G. A.	27	"	Urinary calculus	3 mon.	do.	Lithotomy	do.
Mar. 13	Mar. 15	J. M'Ph.	35	F	Laceration of arm	1 day	Machinery	Amputation at shoulder joint	Death—shock
" 27	" "	Mrs. G.	30	F	Compound fracture above ankle	1 day	Fall	Amputation above ankle	Cure
" 31	April 4	J. T.	17	M	Necrosis	5 years	Constitutional	Excision of diseased bone	do.
" 4	" "	T. W.	4 years	"	Fistula in ano	4 years	do.	Incision	do.
" 12	" "	D. K.	58	"	Smash of hand and wrist	1 day	Machinery	Amputation above elbow.	Improved
" 23	" "	Mt. B.	33	F	Rupture of perineum	3 mon.	Parturition	Union of edges	Cure
" 23	" "	J. C.	40	M	Hæmorrhoids	7 years	Constitutional	Ligature	Nearly well
" 12	" "	T. M'K.	17	"	Necrosis of radius	2 years	do.	Excision of diseased bone	Cure
" 23	" "	A. M'K.	52	"	Condylomata	3 years	do.	Ligature and excision	Death—shock
" 2	" "	B. Y.	47	"	Smash of arm	2 hours	Machinery	Amputation at shoulder	Improved
" 2	" "	T. R.	9 mon.	"	Hare-lip	from bir.	Constitutional	Plastic operation	Cure
" 2	" "	O. H.	35	"	Hæmorrhoids	2 years	do.	Cauterized with nitric acid	do.
" 2	" "	W. G.	50	"	Epithelioma of penis	3 weeks	do.	Amputation of penis	Death—pyæmia
" 2	" "	J. M'N.	14	"	Smash of leg	6 hours	A loaded waggon	Amputation above knee	Cure
" 8	" "	J. M'W.	21	"	Albuminous disease of tarsus	12 years	Constitutional	Syme's amputation	do.
" 18	" "	J. C.	14	"	Laceration of fingers	4 hours	Machinery	Amputation of fingers	do.
" 23	" "	A. M'M.	18	F	Disease of hip-joint	18 mon.	Constitutional	Actual cautery applied	Improved
" 25	" "	Mrs. M'M.	45	"	Cancer of tongue	3 mon.	do.	Excision of diseased part	Cure
" 26	" "	J. B.	52	M	Laceration of forearm	3 hours	Machinery	Amputation	do.
" 30	" "	T. K.	22	"	Injury to fingers	6 hours	do.	do.	I. S. Q.
" 3	" "	R. A.	25	"	Dislocation of hip	3 weeks	do.	Attempt at reduction	Cure
" 14	" "	J. S.	26	"	Cystic tumour	9 mon.	Constitutional	Excision	do.
" 24	" "	E. B.	24	F	Necrosis of bone of large toe	2 mon.	do.	Amputation	Death—pyæmia
" 5	" "	J. D.	38	M	Fracture of tibia and fibula, with great bruising	6 days	Machinery	do.	do.
" 13	" "	W. M'C.	10	"	Phymosis	10 years	Constitutional	Circumcision	Cure
" 1	" "	J. A.	21	F	Recurrent fibrous tumour of neck	6 years	do.	Excision	do.
" 29	" "	A. M'L.	30	M	Fatty tumour over biceps	3 years	do.	do.	do.
" 1	" "	R. F.	45	"	Compound fracture of leg	5 days	A loaded cart	Amputation above knee	Death—pyæmia
" 21	" "	J. T.	7	"	Caries of one toe	3 mon.	Constitutional	Amputation	Cure
" 5	" "	J. M.	5	"	Urinary calculus	1 year	do.	Lithotomy	do.
" 10	" "	J. C.	35	"	Soft tissues from shoulder to hand destroyed	2 hours	Machinery	Amputation at shoulder joint	do.
" "	" "	A. N.	17	"	Fistula in ano	6 mon.	Struma	Sinuses laid open	do.

Aug. 12	Aug. 12	R. B.	18	M	Comp. comminuted fracture of thigh, with knee-joint opened	1 day	Railway	Amputation at middle of thigh	Death—shock
"	"	Mrs. M.M.	45	F	Cancer of tongue	1 year	Constitutional	Excision of half the tongue	Cure
"	"	Wm. H.	28	M	Crush of foot	12 hours	Machinery	Pirogoff's amputation	do.
"	"	J. M.F.	8	F	Caries of foot	2 years	Constitutional	Syme's amputation	do.
"	"	Mt. H.	17	F	Necrosis of os calcis	6 mon.	do.	Excision of os calcis	Death
Sept. 15	Sept. 20	Wm. K.	43	M	Condylomata	do.	Gonorrhoea	Excision	Cure
"	"	A. M.M.	52	"	Laceration of hand	1 day	Machinery	Amputation at wrist	do.
"	"	J. B.	19	"	Compound comminuted fracture of arm, with elbow-joint opened	do.	Railway	Excision of elbow joint	Death—pyæmia
"	"	S. C.	36	"	Smash of leg above ankle	do.	Fall of an iron plate	Amputation in the middle of leg	Did not heal
"	"	S. C.	36	"	Hospital gangrene	2 weeks	do.	Secondary amputation above knee	Cure
"	"	T. H.	17	"	Cancer of os calcis	6 mon.	Constitutional	Amputation above ankle	Did not heal
"	"	T. H.	17	"	Disease attacked end of fibula	14 days	do.	An inch of tibia and fibula removed	Cure
"	"	K. M.	13	F	Comp. fract. of metacarpal bones	1 day	Machinery	Partial amputation of hand	do.
"	"	D. L.	7 wks.	M	Talipes varus	7 weeks	Constitutional	Tenotomy	Improved
Oct. 2	Oct. 2	D. L.	32	"	Necrosis of half of astragalus	6 mon.	Fall	Excision of lateral half of astragalus	Cure
Sept. 27	"	G. B.	35	"	Un-united fract. of middle of humerus	5 mon.	Fall when at sea	Excision of ends of fragments	do.
Oct. 5	"	C. T.	35	"	Structure of urethra	5 years	Gonorrhoea	Dilatation of structure	do.
"	"	P. M.M.	35	"	Do.	1 year	do.	Holt's dilator used	do.
"	"	J. C.	36	"	Disloc. of thigh upwds. and backwds.	1 day	Fall of a weight upon	Reduction	do.
"	"	A. O'D.	25	"	Comp. fract. of leg, with protrusion of fragment of tibia	1 day	Fall	Part of tibia removed	do.
"	"	Wm. M.K.	10	"	Venous ævus in the palm	14 years	Congenital	Seton introduced	do.
Sept. 11	"	Wm. R.	14	"	Comp. fract. of leg, hospital gangrene	6 weeks	Fall	Secondary amputation above knee	do.
Oct. 3	"	P. F. P.	35	"	Laceration of forearm, with fracture at lower third of humerus	3 weeks	Fall	Amputation at middle of upper arm	do.
"	"	T. R.	12	"	Hare-lip	9 years	Congenital	Union of the two halves	do.
"	"	A. R.	9	"	Fistula in ano	5 mon.	do.	Sinuses laid open	do.
"	"	A. H.	34	"	Fract. of radius and ulna, with great bruising of arm	1 day	Cart run over him	Secondary amputation at middle of	do.
"	"	Wm. R.	15	"	Talipes equinus	17 years	Congenital	Tenotomy	do.
Nov. 2	Nov. 3	J. O'C.	17	"	Diphtheritic croup	1 week	do.	Tracheotomy	do.
"	"	Wm. K.	5	"	Hæmorrhoids, internal	28 years	do.	Strangulation	do.
"	"	Wm. T.	48	"	Do. external	do.	do.	Excision	do.
"	"	Wm. T.	48	"	Ovarian tumour	6 mon.	Cancerum oris	Ovariectomy	do.
Oct. 23	"	Wm. T.	46	F	Cicatrix on right side of mouth adherent to upper and lower jaw	4 mon.	do.	Plastic operation	do.
Nov. 5	"	Mrs. W.	46	M	Partial necrosis of os calcis	3 years	Fall	Excision of half os calcis	Death from Brain
"	"	J. C.	10	"	Strangulated femoral hernia	15 hours	Doubtful	Operation	Cure
"	"	Wm. T.	32	"	Caries of tarsus	10 years	Congenital	Syme's amputation	[fever
"	"	J. G.	52	F	Epithelial cancer of tongue	7 mon.	do.	Excision of tongue	Death—pyæmia
Dec. 5	Dec. 11	D. M'D.	45	M	Urinary calculus	6 years	do.	Lithotomy	Cure
Nov. 21	Nov. 25	J. M'L.	6	"	Condylomata	6 mon.	Gonorrhoea	Strangulated and excised	do.
Dec. 6	Dec. 14	A. M'C.	25	"	Caries of tibia	3 years	Congenital	Gouging out dead bone	do.
"	"	G. G.	16	"	Do.	18 mon.	do.	Amputation at middle of leg	do.
"	"	P. R.	20	"	Smash of leg above ankle	4 hours	Cart	do.	do.
"	"	A. C.	11	"	Compound fracture of left leg	6 hours	Railway	do.	Death—pyæmia
"	"	D. S.	15	"					

of causes inseparably connected with hospital practice. Even with the large amount of space devoted to each bed in the new surgical hospital, pyæmia and hospital gangrene sometimes make their appearance, when there are many severe lacerated wounds and open sores, from operation or accident. It is very instructive to notice how easy it is to overcome this state of matters, by removing temporarily one or two beds, and refusing admission to any patients for a few days, till the ward is reduced below its average occupancy. As soon as the numbers have been reduced, I have found that these hospital pests cease to spread, and the ward returns to its former healthiness.

I here take the opportunity of expressing my satisfaction with the result of the treatment of children in wards, along with adults in surgical cases.

Without entering into the vexed question of the propriety of founding special hospitals for the treatment of sick children, I am clearly of opinion, that in surgical affections they can be treated with more advantage in the female wards of a general surgical hospital than in a special one, and I am sure that all surgeons who have had the *actual experience* of conducting the treatment of children in wards along with adults, will agree with me.

All arguments founded on probabilities, or on occasional visits to hospital wards, are fallacious. My own experience of treating children in the wards of a surgical hospital, which extends over six years, is that the system leaves nothing to be desired, except such an extension as will meet the growing wants of this large community.

From the foregoing table it will be perceived that there were 82 operations of various degrees of importance and danger, and that 71 of the patients recovered while 11 died. The table, however, is not complete, as many dislocations of the upper extremity were reduced, and, the patients being able to go home at once, were not entered as hospital cases. With this exception, the report contains a correct statement of the operative surgery for the period named. I append a few notes on the more interesting operations.

Lithotomy.—Four operations on three patients, two on boys, aged 5 and 6, by Dr. A. Buchanan's rectangular method; both rapidly got well. I still think that this operation, especially in young patients, is unexcelled for facility and safety.

The patient, who was twice operated on, had some interesting features in his case. At the first operation the stone, which was the size of a walnut, was impacted in the prostatic urethra, and projected into the bladder. I made the incision on a rectangular staff, but had great difficulty in dislodging the stone from its place. Being very soft, the outer layers crumbled in the forceps, and some portions adhered to the walls of the urethra, and were with difficulty scraped off. The patient recovered well from the effects of the operation, but the wound was long in healing, being continually crusted with layers of calculous matter; before it was completely closed, there were well-marked symptoms of a new calculus formed in the bladder. Two months after the first operation I found his strength sufficiently improved to undergo a second. I accordingly performed lithotomy in the site of the old incision, choosing an ordinary curved staff as the guide. The collection of sand broke down like pipe-clay under the forceps, so I was obliged to scoop and wash out the whole debris, which, when collected, amounted to a mass equal in size to a bantam's egg. The patient made a wonderfully rapid recovery from this rude manipulation, and left the hospital free of all pain six weeks after.

Amputation of Thigh.—Five cases: 3 cured, and 2 died. One case, for chronic disease of knee joint in an adult, cured. The other four cases were very severe injuries. In two, immediate amputation was necessary for smashes from railway accidents, but they died. The other two were secondary after amputation in the leg, for compound comminuted fracture. Both cases took hospital gangrene, and after it had ceased its ravages on the stumps, I was obliged to amputate above the knee. Both cases did well, but one has come back with an exfoliation from the end of his femur, which was removed, and he is now nearly well.

Amputation of Leg.—Six cases, 2 deaths. The two deaths

were both from pyæmia. One was secondary amputation for hospital gangrene, attacking a compound fracture, the other from hospital gangrene, attacking a stump nearly healed and ending in pyæmia. All the cases were operated on for severe accidents, except one, which was for malignant disease of the os calcis. I operated in the middle of the leg, and the wound healed, but soon after a fungous protrusion from the stump, and an enlargement of the inguinal glands, showed that the disease was too deeply rooted in his constitution to admit of removal by a second operation. He was therefore removed home.

Amputation at Ankle—four cases, all cured. Three cases by Mr. Syme's plan, for caries; one Pirogoff's operation, for smash of the foot. This case was a very excellent illustration of the successful result of the operation for accident. When the man stood erect, and placed both legs straight, the skin of the stump very nearly touched the floor, and the piece of os calcis was perfectly united to the lower end of the tibia.

Amputation at shoulder joint—Three cases, with two deaths. Both deaths were from shock of the accident and operation combined. The surgeon is often compelled to operate in very unfavourable circumstances, the patient having been weakened by loss of blood before admission. In both cases, the arm was completely smashed up to the point of amputation, and the only hope of saving life was immediate amputation. In the third case, which was equally severe, the man's system bore up against the shock, and he made an excellent recovery.

Amputation of arm—Three cases for injury; all did well.

Amputation in fore arm or at wrist: three cases, all cured.

All the amputations in the upper extremity were for accident; and except those at the shoulder joint, when the shock from previous loss of blood was severe, all did well, showing the usual difference between the fatality of operations on the lower and upper extremities respectively.

The more important of the other operations, as ovariectomy, excision of half the tongue, tracheotomy, which were all successful, have been described in other papers, and are introduced in the table to complete the operations for the year.

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(Reprinted from "The Glasgow Medical Journal" for May, 1866.)

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