

IV.—EXCISION OF JOINTS.

1. EXCISION OF ELBOW-JOINT. ✓

Case V.—(Under the care of Dr. Lyon. Reported by Dr. H. Goodall.)—Hugh S., furnace-man, aged 25, admitted June 14th, 1860, into ward 10 of the Glasgow Royal Infirmary.—Early this morning he was knocked over by a truck engine, which afterwards passed over right elbow. It bled a good deal at the time from the wounds produced, and continued to do so to a small amount until admission this evening, when the elbow presented the following appearances:—It was much swollen and bruised; there were several wounds of the integument on either aspect; through these the integument was ascertained to be extensively undermined, chiefly on its outer aspect; the bare articular surfaces of the joint could be felt on the introduction of the little finger through an opening on the inside; comminuted bone was felt in sides of both condyles. Pulse 100, of moderate strength, perceptible at both wrists. A consultation was immediately called, and excision of the joint recommended. This was accordingly performed, but only partially. An H-shaped incision being made, the articular end of the humerus was sawn off, and the fragments removed. The flaps were brought together by metallic sutures and water dressing applied. *Hab. pil. opii (gr. ii.) statim.*

June 17th—Has not slept for the last two nights; is very restless. Pulse 100. Dressings removed; the undermined integument sloughing throughout its whole extent; great swelling, which extends to the shoulder and side of chest. An incision, three inches in extent, made on the outside of upper arm, when some purulent matter escaped. Bowels confined. *Hab. haustus nigri ℥iij. statim, et hora somni tinct. opii ℥j. Applic. fots.*

19th—Swelling extending and patient becoming weaker. By the advice of a consultation two more incisions were made, one on the inside of upper arm, another on the side of chest, below axilla. Fomentations to be continued. To have two ounces of wine.

25th—A consultation having been held, the arm was amputated at the shoulder-joint.

V.—EXCISION OF TUMOURS.

1. EXCISION OF TUMOUR ON JAW. ✓

(Under the care of Dr. Andrew Buchanan. Reported by Dr. Robert B. Gilland.)—C. B., aged 53, admitted into the Glasgow Royal Infirmary on the 29th of May. Three years ago a small, round, hard lump, appeared in patient's upper lip. It has grown slowly, but steadily. On admission, there is an indurated dif-

fused swelling situated beneath the nose. The tumour is connected with the upper lip, and extends downwards in front of the incisors of the upper jaw. It is at times the seat of very acute pain. Two small indurated glands are felt on the left side, beneath the lower jaw.

June 4th—Suitable incisions being made on the upper lip, the tumour was easily dissected out. It was of a chondromatous structure, and sprung from the lower edge of the septum narium, where it was attached to cartilage and to bone.

18th—Doing well.

2. EXCISION OF TUMOUR ON CHEEK.

(Under the care of Dr. Eben Watson. Reported by T. H. Steel, M.D.)—A. M'D. was admitted a patient in ward 5 of the Glasgow Royal Infirmary on the 21st May, 1860. In January last, a small red spot formed over middle of left molar bone. Over it a round hard swelling appeared, and gradually increased in size. About two months ago, when about the size of a hen's egg, the skin ulcerated, and a fungoid excrescence protruded, from which hæmorrhage, to a considerable extent, has repeatedly taken place. At present it is about the same dimensions, hard and painless on pressure, and nodulated on the surface; it moves on the cheek, has a narrow neck, and bleeds on being touched.

23rd—A ligature was passed round the neck of the swelling, by which it was strangulated. It was then shaved off with a knife. No bleeding took place. To have twenty drops of laudanum.

June 3rd—Continued to improve till this morning, when side of cheek and face was observed to be red and painful. Has been very sick, and complains of giddiness.

To have half an ounce of castor oil. To have thirty drops of tincture of muriate of iron every fourth hour.

9th—Feels much better. Erysipelas gone. Wound nearly healed.

13th—Dismissed well.

3. EXCISION OF TUMOUR OF LIP.

(Under the care of Dr. Andrew Buchanan. Reported by Dr. Robert B. Gilland.)—L. M'K. was admitted into the Glasgow Royal Infirmary on the 21st of March. Six months ago, a small fissure on patient's lower lip first attracted his attention. He applied several ointments and lotions to it, which proved ineffectual, the disease extending, and involving more than half of the lip.

On admission, the lower lip is swollen and indurated; the proboscium is dry, cracked, and ulcerated, the whole assuming the appearance of epithelial cancer.

25th—The affected portion of the lower lip was removed by a semi-elliptical incision, and then, by means of proper incisions, two flaps were taken from the side of the chin, and being brought up and secured by metallic sutures, formed a very respectable lower lip. There was a considerable amount of swelling afterwards, which, however, gradually subsided, and patient was dismissed cured on the 28th of April.

4. EXCISION OF FATTY TUMOUR OF SHOULDER.

Case I.—(Under the care of Dr. Andrew Buchanan. Reported by Dr. Robert B. Gilland.)—D. L., aged 57, was admitted into the Glasgow Royal Infirmary on the 29th May. Twelve years ago patient first observed a soft tumour, about as large as an egg, below his left shoulder. It has increased in size gradually till within the last twelvemonth, when its growth has been more rapid.

On admission, a soft moveable tumour, in size and shape resembling a female mamma, is situated upon patient's left side, between the base of the scapula and the axilla. It is generally free from pain, unless when subjected to pressure.

June 2nd—Tumour excised, and presented the usual appearances of a lipomatous growth.

14th—Dismissed well.

Case II.—(Under the care of Dr. Eben Watson. Reported by Dr. William Sloan.)—Mrs. S., domestic, aged 41, was admitted into ward 6 of the Glasgow Royal Infirmary on 5th June, 1860. Eleven years ago, patient noticed a small tumour at the inferior angle of right scapula. It was then about the size of a pigeon's egg, and it has steadily continued to increase in size ever since, until it is now as large as a person's head. She has never experienced the slightest pain in it, and it does not inconvenience her much. Her general health has always been good.

On admission, the whole of the right scapular region is found to be occupied by a large tumour, having a rounded globular form. It has a lobulated feel, and is unconnected with any of the deeper-seated structures. The integuments covering it are smooth and healthy on the surface, and are likewise found to glide over the surface of the tumour, without having any connection with it.

7th—She was submitted to a consultation this morning, when excision was recommended.

9th—Patient was removed to the operating theatre this morning, and put under chloroform. Two longitudinal incisions were made down the whole length of the tumour, thereby leaving an oval portion of skin adherent along the central axis of the surface of the tumour. The flaps thus indicated were then reflected, and the tumour being found to be encased in a fibro-cellular sheath, was easily dissected out, without cutting or tearing a single mus-

cular fibre beneath it. Not more than an ounce of blood was lost. This chiefly came from some arterial branches which entered the tumour at its upper part, and which were easily tied. The flaps, which were found to be of the requisite size, were then brought together by means of wire sutures, and the surface from which the tumour was excised was thus exactly covered over. The patient stood the operation very well.

Habeat statim tr. opii gtts. xxv., et repetatur post horas duas.

10th—Wound dressed this morning, and looking well.

11th—Flaps are found to have become erysipelatous.

Habeat tr. fer. sesquichlorid. gtts. xxx. quartâ quaque horâ.

Habeat etiam haustus nigr. ℥iij.

12th—Erysipelas has been rapidly spreading, and now covers the whole of posterior portion of right side of chest. Wire sutures withdrawn. Wound discharges healthy pus.

13th—Nearly the whole of the back part of chest is now covered over with erysipelas. Wound still doing well. General health good.

16th—Erysipelas has now in a great measure subsided. — Edges of wound, which is still looking well, approximated by means of strips of adhesive plaster.

23rd—Erysipelas completely gone. Flaps are now adherent, and the wound is cicatrizing.

After the tumour was removed, it was found to weigh 3 lbs. 12 oz! It was a simple fatty tumour, and had a lobulated structure. A small round, hard, gritty nucleus, about the size of a walnut, was found in it at its upper part. This, when examined by the microscope, displayed an interlacement of fibrous structure, having interposed in its meshes a number of nucleated cells. The other portions displayed the usual appearance of a fatty tumour.

5. EXCISION OF MAMMA.

Case III. (Under the care of Dr. Andrew Buchanan. Reported by Dr. Robert B. Gilland.)—Mrs. M., aged 45, was admitted into ward 8 of the Glasgow Royal Infirmary on the 3rd of April, 1860. Nine months ago patient first observed a small hard tumour in her left breast. It has gradually increased in size up to the present date.

On admission, an indurated moveable tumour, about as large as the woman's closed fist, is situated in her left mamma. The general contour of the tumour is equal and rounded, but small hard prominences may be felt upon its surface. It is the seat of occasional acute pain. Close to the anterior border of the left pectoralis major muscle, another small tumour of the same character exists. It is about as large as a marble. Patient's general health good. Menstruation regular.

11th—Tumour excised to-day, and found to be decidedly cancerous in structure and appearance.

Hab. vin. rubri ꝑviii., et pil. op. (gr. ii.) i.

The wound healed slowly, and she was dismissed well on the 16th of April.

Case IV.—(Under the care of Dr. Andrew Buchanan. Reported by Dr. Robert B. Gilland.)—A. A., aged 40, admitted into ward 8 of the Glasgow Royal Infirmary on the 29th of May, 1860. About a twelvemonth ago patient first observed a small hard tumour, the size of a pea, on her left breast. It has steadily increased in size, and is now occasionally painful.

On examination, an indurated moveable tumour is situated below the anterior border of left pectoralis major muscle. It is as large as an egg, and irregular on the surface. Several small glands in the axilla appear to be affected. Patient, who is stout and healthy, menstruates regularly.

June 11th—Tumour excised, and presents the usual malignant characteristics.

12th—Secondary hæmorrhage supervened, which was staunched by moderate pressure.

19th—Doing well.

6. EXCISION OF HÆMORRHOIDS.

(Under the care of Dr. Eben Watson. Reported by T. H. Steel, M.D.)—M. C. was admitted a patient in ward 5 of the Glasgow Royal Infirmary on the 22nd of May, 1860. For six months has been annoyed with piles, whose origin he ascribes to long continued constipation of the bowels. Their presence cause him much annoyance from pain and straining in passing evacuations, which are frequently bloody; the swollen membrane becomes prolapsed, and much difficulty is often experienced in returning it.

On examination, several red pendulous tumours are visible external to sphincter, and internally several of much larger size are brought to view on pressing down.

29th—The bowels having been previously regulated, the external piles were to-day snipped off with a pair of scissors. The internal, after having been made to protrude, were seized singly by a volsella, and a strong ligature passed round the base of each. The ends were cut short, and returned into the rectum. No chloroform was employed.

To have forty drops of laudanum, and a fomentation to part. Draught to be repeated at bed-time.

30th—Passed a comfortable night; complains now of much pain, and feels inclination to go to stool. Opiates to be continued.

31st—Has had a copious alvine evacuation this morning without medicine. Has passed only a small quantity of blood.

June 10th—Defecation is now no longer attended with pain and discomfort. Discharged well.

VI.—LITHOTOMY.

Case XIII. (Under the care of Dr. George Buchanan)
—William R., aged 40, has had symptoms of stone in the bladder for three years, which have become much aggravated the last eighteen months, preventing him from attending to his work, and from enjoying rest during the night. He is of a strumous habit, and had suffered from morbus coxarius in early life.

On the 16th May, assisted by Drs. M'Ghie, Cowan, Grieve, and Lindsay, I performed the operation of lithotomy by Dr. Andrew Buchanan's rectangular method. The stone was of uric acid, of the size and shape of a chestnut, and weighed one ounce. I had a little difficulty in reaching the stone, owing to the great depth of the perineum which was much increased by the results of the former disease of the hip. The patient's left thigh was anchylosed in a semiflexed and partially adducted position, so that it was somewhat in the way during the operation, and it increased the depth of the perineum by throwing the skin into a fold on the left side. However, by having it well pulled to the side, the skin was stretched across and made less prominent. As a good deal of blood flowed from the wound, plugs of lint were inserted and retained by a T bandage.

In the evening he was comfortable and cheerful, not complaining much of pain.

17th—Slept at intervals quietly. No fever.

18th—During the night patient began to feel the lower part of the belly uneasy, and sent for me. Fearing that the urine might not be coming away freely enough, I took away part of the plug and the flexible catheter; but, on removing the pressure, the blood again began to ooze away. I therefore replaced the catheter in the wound and a fresh plug. The free escape of urine which had partly collected seemed to give relief.

19th—Going on well. Urine came by the natural passage, as well as through catheter and alongside the plugs.

20th—A fit of coughing expelled the plugs and catheter, and urine flows both ways. Wound looks well. Suppurating a little.

28th—Since last report patient has gradually improved. He eats and sleeps well. Urine almost all comes by the urethra. Was up walking about the house to-day.

June 16th—Patient is now quite well, stronger than he has been for many months. He was walking out of doors on the 10th, and is now dismissed cured.