AN INAUGURAL DISSERTATION,
ON
Surgical Cases
SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.
BY
Edward F. Fordyce
OF
March 1807
CHARLES W. SMITH,
BOOKSELLER AND STATIONER,
NASHVILLE, TENN.
To, Sir E. O. D. Smellie, M.D.,
Professor of Surgery
in the Medical Department of the University of Sydney.

In admiration of his superior skill and unprecedented success in the department to which he has so assiduously devoted his time and energies,

Sir E. O. D. Smellie

is respectfully inscribed

E. J. F. Inney 1868.
An Inaugural Dissertation
on
The Surgical Cases presented to
The College during the first month
of the present session by
Paul J. Eve MC
Professor of Surgery, and
reported by his much
obliged and devoted friend, the
Author

Edward Jistus Finney
Case the 1st

Amputation of the leg for compound comminuted fracture of both bones.

Sam, the property of Dr. Manlove, residing near this city, had his leg badly fractured near the ankle joint by being thrown from a buggy. Dr. Eve having been sent for to perform amputation, got the omnibus of the city to carry us to the hotel, where to see the operation chloroform was administered by Dr. Nichol. When insensibility was produced Dr. Eve made a circular incision at the usual point of selection dividing the skin, cellular and adipose tissues, down to the muscles; Dr. Briggs having made traction on the integuments, with both hands, encaging the leg, while at the same time, the knife
divided the adhering parts to the muscles.

The muscles were now divided and the bones pilae and Gibula saved in two. After
the arteries were ligatured, the flap was brought
together by approximating the edges with
the hands, and kept so by adhesive strips,
and the roller bandage. What is novel in
the above (or at least was so to me), instead of turning up the flap as you would the Cuff of
a Coat, as most of authors direct, and as
I have seen Surgeons who stand high in the profession to.
cas the retraction of the integuments by the hands
of an assistant. This operation was performed
two weeks after the accident. The man had a
slow but good recovery.

On examining the
fracture, it was ascertained that both bones were
crushed comminutedly down into the ankle joint.
The Tibia was most extensively broken into almost an innumerable number of pieces. The Tibia had been thrust through the soft parts and extensively fractured about two inches above the external malleolus into several fragments. The specimen are prepared for the college museum, and exhibit quite an extensive to the bones of the leg.

Case the 2nd

Extraction of a piece of Metal from the Cornea.

Dr. Eve presented to the clasp a German who had a piece of metal stuck fast in the cornea, which he extracted by means of a cauching needle. At the first effort the point of this instrument was thrust under the foreign body and it thus removed.
Case the 3rd

Large Tuberculous masses in the Skin

A servant man John was presented to the clinic with Tubercles in the true skin at the internal and external malleoli. He came from Kentucky and had been afflicted for several years. The disease resembled somewhat elephantiasis. We learn from Dr. Eve that he had not improved under the treatment of Forler's solution, Podine paint, and general hygienic directions.

Case the 4th

Tumor in the Neck

A Mr. Herne from the Tennessee state Hospital was presented to the clinic with a Tumor in the occipital region. It was laid open with a bistoury but emitted no pus. The patient was directed to have the parts soulied, and the swelling has disappeared.
Case the 5th

Amputation of the leg for compound Fracture, at the Tennessee General Hospital.

The Negro Man Ernie, property of Mr. Wilhens was struck on the Tibia by a horse, by which the bone was fractured. A piece of it an inch and a half in length dropped out upon the ground at the time of the accident. Amputation was performed by Dr. Eve assisted by Drs. Briggs, Wharton, McEwen, and Fair, in presence of the Medical Class. The patient was aged 55 years. He was put under the influence of Chloroform, and what was remarkable in a man of this age, both the anterior and posterior Tibial arteries were ossified, and hence very difficult to ligate. The ligatures cut through their coats very easily. Looser ligatures were applied around the vessels, just sufficiently tight to prevent bleeding. The stump has nearly healed.
Case the 6th.

Deepening the Cranium for Fracture
Recovery of the Patient

Negro boy Tom, the property of Mr. A. D. Dugotte, was brought to this city on October the 10th, in of Dr. J. Bowling of Beltsville, Bedford county, Pennsylvania, to be treated by Dr. Eve. The History of the case as far as we learned it from Dr. Bowling is as follows: The man received a blow from a rock on the side of the head or more particularly at the junction of the Temporal with the 3d frontal and Parietal bones, since which time he became very dull and stupid, and has had at times epileptic fits. There was also a tumor over the site of injury projecting considerably in the temporal region. This was supposed to be due to disease of the injured bone. The blow was received eight months ago. The habit of this patient was so great that he...
could not tell his master's name, nor in what place he then was. An operation was deemed necessary. An incision was made down to the bone through the tumor, bone and escaped, then another incision over the superior ridge, the diseased bone exposed, and a disk of it removed by the crown of the trephine. There was a good deal of hemorrhage during the operation, both from the branches of the temporal arteries and from the inside of the cranium. The opening into it was very near the great meningial artery of the brain. Simple dressings were applied to the wound, the patient put upon absolute diet, brood firmed occasionally, slight administration induced, and in three weeks was returned home some 50 miles by Rail Road. When he left his intellect had also greatly improved; and he had no epileptic paroxysm since the operation.

Case the 7th

Operation for the removal of Cataract
Mrs. Bonding of the Western district of Tennessee, aged 50 years, was presented to us with Cataract in both eyes, that of the left was seven years standing, the right twelve. This lady had been brought to Nashville by a member of our class. The patient being prepared for the operation, and having the pupils dilated by the effect of the following application of the following solution over and around the eyes (Big)

R. Atropine gr. ii
sulph. Acid gtt. i
Rose water zi

The Cataract in each eye was broken up with the needle, and some of the fragments pushed into the anterior chamber. The patient at the end of three weeks returned home by stage; a distance of 150 miles. The after treatment was somewhat interrupted by the feeble state of her general health, but during the first ten days after the operation, she could distinguish the
ring on her finger. Considering the length of time she was blind, the result has proven very satisfactory.

Case the 8th

A case of spontaneous Mortification of both inferior Extremities

Dr. Eve at the St. John's Hospital, presented to me a case of spontaneous mortification in an Irishman, who had entered that institution ten days ago. He was in such a condition that he could give no satisfactory account of the case. The gangrene was probably due to dissipation and exposure. It commenced in both feet, the toes first, and had now extended up to near the middle of the legs. The parts attacked were cold, insensible, motionless, black, and shriveled. The man had also hematuria. He died a week after we saw him.
Case the 9th.

Fracture of the clavicle.
Excellent cure by position alone.
This patient had been injured by a vicious pack which had bitten his arm and fractured his collar bone. He did not enter this hospital until after inflammation had set up in his arm, which suppurred slowly. On account of this he was confined to his bed for nearly six weeks. And when he recovered, it was found that the clavicle had united without deformity. With the kind permission of Drs. Comstock and Drake, the physicians of this hospital, the attention of the clasp was called to this important fact in connection with the case.

Case the 10th.

Emission ulcer of the leg.
This was a case of indolent ulcer of the right leg.
On its lower third in an old man from the western district of Tennessee. It was of immense size, covering the whole circumference of the lower third of the member, and involving the ankle joint. The patient was directed to the state hospital for treatment.

Case the 11th:

Ulcer of the Forearm.

This patient was a young shoe-maker, who had fallen into the hands of a quack that applied some active preparation to a common boil, in the forearm. The result was a large plug of slough thrown off. The Ulcer was subsequently healed by mild treatment.

Case the 12th:

Removal of a Lipoma.

Dr. Eve in presence of the Calp removed a lipoma from over the Trapezius muscle of
brother physician, who kindly consented to come before us that we might see the operation. The freezing mixture was applied (i.e.) ice and salt. This was held over the tumour for five minutes and produced insensibility in the parts. An incision was made over the tumour the skin departed off a little to each side of the line of incision and the tumour pulled out. It rolled out like a round ball, the patient suffering little or no pain. From the movement of the angle of the scapula, (in all probability) there was some secondary hemorrhage; but this was soon arrested by pressure, and the patient left the City in four days.

Case the 13th

Operation for Cataract.

Mr. G. J. Wilson, aged 21 years, of good Constitution and temperate habits, was presented to us with
cataract in the right eye. The operation of
depression was performed with a very fine coating
needle. The capsule was the part apparently
opaque, it was found very hard and difficult of
displacement. This case has not done well
there was an unusual quantity of blood effused
into the eye by the operation; but it was
being absorbed when the patient returned home.
It was said to have been caused by exposure
to intense cold while not ginning.
Case the 14th
Scurfous disease of the Foot and Hand

This was a young negro girl, who for months
had been laboring under tumors in the left
hand, and left left foot. They were sub-
cutaneous in the hand, but affected the skin
in the foot. They were supposed to be scurfous
in their character
The patient was put upon the Sedative of Petrol, carbamyl and cod liver oil treatment and a stimulating liniment to the tumors. A solution of fer chloride of Iron is now applied with good effect.

Case the 15th

Hydrocele of the Neck—
Decision of the Cyst.

Mr. Lane was presented with a tumor of the neck, now about the size of a pigeon's egg, over the thyroid body and which had been opened by several times. The cyst emptied by an incision was now excised, and the wound closed with adhesive strips. He was doing well next day when he left the City.

Case the 16th

Extensive Corneitis

Dr. Eve presented to the class a case of Corneitis. The Cornea was studded with enlarged blood vessels, these were divided,
and the per chloride of iron in solution recommended to be occasionally applied to the eye.

Case the 17.

Removal of a Testicle.

Dr Eve assisted by Drs Jennings and Briggs, and in presence of a portion of the present class removed the right testicle from a gentleman. The testicle was very much swollen, had a tortuous sinus through which the patient could (as he remarked to the Drs) at any time by pressure cause an expulsion of exceedingly offensive pus. The patient was put under the influence of Chloroform, but as he had been affected with a pulmonary disease, the anaesthetic agent was not carried to that extent which patients are generally subjected.

The Dr made an incision down to the spermatic cord, when it was now divided, and the organ
dissected out of the patient; we also to satisfy us that it was a decomposed mass, made an incision into it, when out exhaled a fluid resembling pus, and although we have been frequently in dissecting rooms, we have never smelled such an offensive stench as that given off by this putrid mass, just taken from the living body. The patient recovered rapidly, and is now at home attending to his domestic affairs.

Case the 18th

Chronic ophthalmia. A jeton applied

An aged lady was presented to the class, who has been afflicted with ophthalmia for a long time. Dr. Eve, in presence of the class, introduced a jeton as follows: An assistant Dr. McEwen held up a portion of the skin on the neck of the neck directly in the median line, and about an inch and a half lower the surgeon elected
between the forefinger and thumb a portion along
then with a small bistoury the folded integuments
are transfixed and an eye probe armed with the
seoton is inserted. The Surgeon explained to the clasp
the advantage of this, to the employment of the
seoton needle, as he thinks it less painful and
more expeditious.

Case the 19th

Lithotomy - bilateral operation.
Dr. Eve being applied to by a Gentleman from the
Western district of Pennsylvania, for the relief of his
little brother aged 10 years. After detailing the
symptoms the Dr suspected stone in the bladder.
The patient was laid upon the Table, and the oper-
ation of sounding performed in presence of
Dr. Bonning, Jennings Watson and the Med-
ical. After a few turns of the Catheter, the fact
of the presence of a calculus was announced.
The case having been prepared, the bilateral operation was performed in the college amphitheatre. Chloroform was used. An incision was made through the soft parts, down to the grooved staff in the urethra, the double lithotome introduced into the bladder the blades of it opened and the parts divided in withdrawing the instrument. After several effusions were introduced, it was found necessary to employ a large pair, when a Calculus weighing five drams was extracted. In three days the urine resumed its natural course, and the patient has had a speedy recovery.

Case the 20th.

Suephining the sub-orbital

Sorumen for Neuralgia.

Did Eve and Bowling introduce a lady aged 50 years who had been afflicted with Neuralgia of the face for eleven years. Having exhausted
medicine surgery was applied to. She was placed on the table and put under the influence of Chloroform by Dr. Smith. Dr. Eve made a curved incision commencing three quarters of an inch beyond the external angle of the right eye, carrying it downwards nearly as low as the ala of the nose; it was turned upwards to the internal angle of the same eye. The soft parts were separated from over the sub orbital foramen and the small crown of the Sphene applied to it.

The Canal was thus exposed and the nerve divided far back in it. About three quarters of an inch was cut out. During the operation the Anturon Highmercurium was opened.

The wound was closed with sutures and plaster. This case did well. The wound had nearly sealed, although there was some secondary hemorrhage the evening after the
Operation which was arrested by the actual cautery) until the patient took an over dose of medicine (tincture of colchicum, which prostrated her. She never recovered from the excessive purging, but sank on the 24th thirteen days after the operation. During the last six days of her life, she had no return of pain whatever of a neuralgic character, the operation was considered to have relieved her entirely; and but for her mistake in the medicine, it is believed she would have recovered.

Edward G. Smith, Finney

November 1854

January 5th 1855