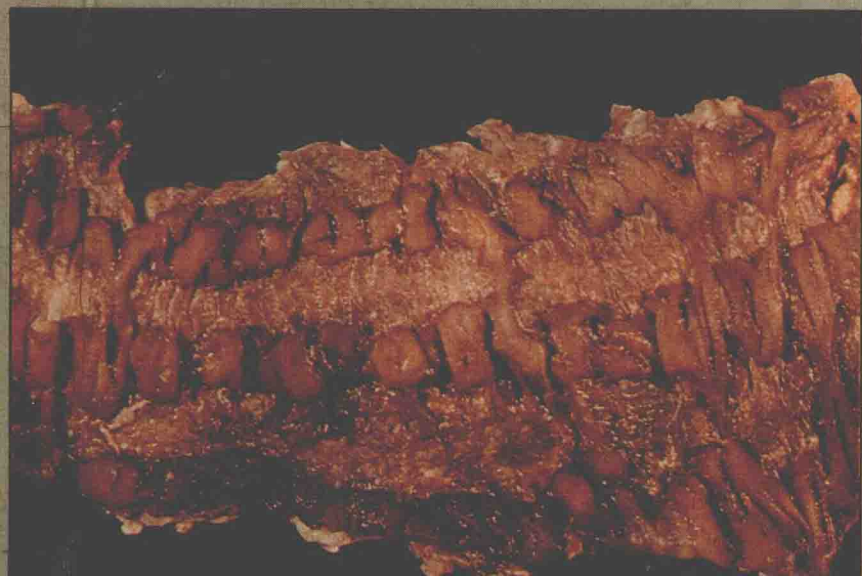


YEAR BOOK *Color Atlas Series*

COLOR ATLAS  
OF  
General Surgical  
Diagnosis

WILLIAM F. WALKER



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OF  
General Surgical  
Diagnosis

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YEAR BOOK MEDICAL PUBLISHERS, INC.  
35 E. WACKER DRIVE-CHICAGO

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# COLOR ATLAS OF General Surgical Diagnosis

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# Acknowledgements

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The line drawings were done by Miss M Benstead, the medical artist.

**To Bettie, Bill, Chris and Fiona**

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# Introduction

This atlas is based on a series of meetings held in the last term of medical students' final year. The object of these meetings was to review many conditions which might appear in their final examinations. A slide (clinical, radiological or pathological) of a condition was projected onto a screen and this acted as a 'hat-peg' on which to base discussion on aetiology, pathology, diagnosis and treatment. As many illustrations were shown, the discussions revolved mainly around diagnosis and treatment.

The material presented has been enlarged to cover most of the conditions seen in general surgery. Although designed primarily for final year medical students, it should prove of benefit throughout the clinical part of the medical and dental undergraduate training and even as a refresher course for those sitting the higher surgical examinations. General practitioners may also find some help in unusual cases presenting in their surgery, and nurses, who have much of the care of these patients, should find it of interest.

An atlas is a pictorial representation and not a general textbook of surgery. It should be regarded as an accompaniment to the written word, as surgical diagnosis should not be based on a spot diagnosis however attractive it is as a short cut. It must be based on the taking of a complete history and careful clinical examination supplemented by various investigations.

In assembling the collection of illustrations I am indebted to the generosity of many individuals not mentioned individually in the acknowledgements. Even with their help it has not been possible to cover rare conditions thoroughly, although a few are included on the basis that they were available.

# Non-specific Infections

The diagnosis of infection of skin and subcutaneous tissues is largely dependent on recognition by sight with some reliance on history, occupation, and specific investigations. Infection is mainly of bacterial origin, but other causes include virus agents, yeasts, fungi, protozoa and infestation by insects.

**1 Boil (furuncle, folliculitis)** This is an infection of a hair follicle by the staphylococcus. The infection spreads to the tissue around the follicle and proceeds to suppuration. Common sites are the back of the finger or neck, the eyelash, the nose, external auditory meatus and peri-anal area.

**2 A boil in the nostril** is very dangerous as infection may spread by the angular vein to the ophthalmic plexus and thence to the cavernous sinus producing a cavernous sinus thrombosis.

**3 Cavernous sinus thrombosis** in this patient followed a septic blister on the upper lip. The diagnosis is based on a primary infection in the dangerous area – upper lip and nose – followed by an acute onset of pyrexia, toxicity, going on to delirium and coma. Gross oedema of the conjunctiva and eyelids occurs with swelling of the side of the face. A progressive exophthalmos develops with ophthalmoplegia. The condition may spread to the other side.

**4 Sycosis barbae** is due to the spread of the staphylococci from follicle to follicle. The examples seen today are usually of a mild form as shown here.

1



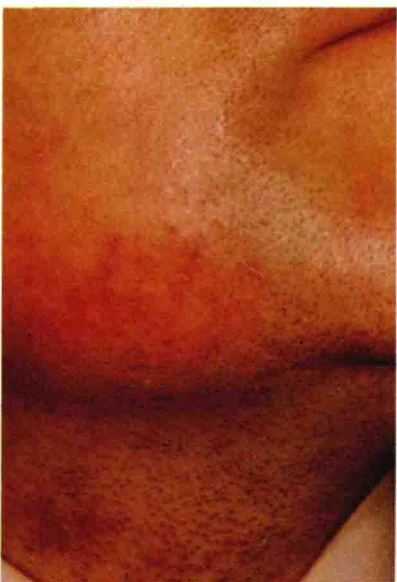
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3



4



**5 Carbuncle** This lesion is now fortunately less common. In this example the staphylococcal infection has involved a number of hair follicles and has spread into the subcutaneous tissue.

**6 Skin necrosis** with a black area develops if the carbuncle is not properly treated. The skin eventually sloughs off leaving a large ulcer. It is, or was, especially common in poorly controlled diabetes.

**7 An abscess** is defined as a localised collection of pus. In the peripheral tissues it is often due to the staphylococcus but in the abdominal area may be due to *E. Coli*. The superficial abscess shown here has all the characteristics of inflammation: pain, redness, swelling, tenderness. An extra sign of the abscess is fluctuation elicited by pressing the fingers in two places on the swelling and again at right angles to previous points. Where thick fascia covers the abscess, as here in the neck, fluctuation may be a late sign.

**8 A superficial abscess** may denote deep seated infection as in this case where the abscess was noted in the upper thigh and when opened a tract led down to the upper end of femur.



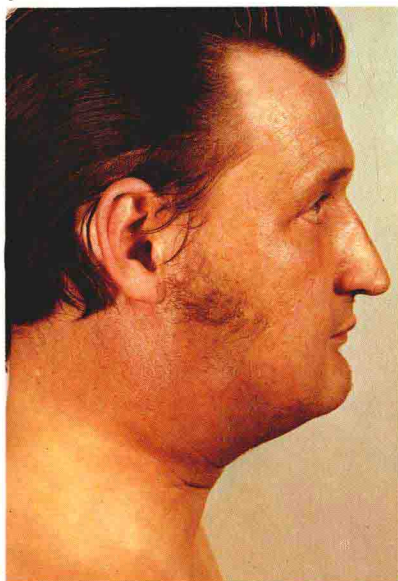
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