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Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

YORK COUNTY HOSPITAL.

CASE OF PARTIAL RESECTION OF ELBOW-JOINT: BONY ANCHYLOSIS.

By W. D. HUSBAND, Esq., Surgeon to the Hospital.

MATTHEW ROUTLEDGE, aged 8, a pale anæmic lad, but otherwise healthy, and with no decided marks of scrofulous cachexia, was admitted into the Hospital, August 14th, 1856. The right elbow-joint was much swollen, and painful on the slightest motion or pressure. The skin was red and inflamed; and a fistulous opening existed over the external condyle of the humerus, through which that process could be reached with the probe, and carious bone clearly diagnosed.

No account could be obtained of any injury to the joint from a fall or a blow, and he was stated to have enjoyed uniform good health.

September 4th. The boy having improved considerably under the use of cod-liver and ferruginous tonics, with good diet, I proceeded, with the concurrence and assistance of my colleague Mr. R. Hey, to perform excision of the joint. The joint was exposed by Liston's incisions, the ulnar nerve being drawn on one side, when a loose portion of bone, evidently detached from the external condyle, was found in the articulation, and removed with forceps. On careful examination of the humerus and ulna, after the ligaments were divided, the external condyle alone was found to be diseased; and, on the advice of a metropolitan hospital surgeon of eminence who happened to be present, I was induced to deviate from my original intention of excising the ends of the articulating bones, and confine the resection to the external condyle. This was readily done with a small saw; and the soft parts having been brought together, the arm was placed in a splint at an angle of 140°.

September 28th. The wound has entirely healed, having progressed most favourably each day since the operation. Passive motion was now ordered to be attempted, and the elbow to be gradually brought to a more acute angle; so that, should anchylosis follow, the joint may be anchylosed in a position more favourable for its use.

October 25th. After every effort to obtain some movement at the elbow, the most perfect anchylosis appears to have taken place; but the arm is fixed in a position most advantageous to its utility.

June 1857. I had an opportunity of examining the arm. There was not the slightest motion in the joint, which appeared able to resist any amount of reasonable force, on an attempt being made to extend or flex the arm. There had been no further disease; and the boy stated that he found no inconvenience from the loss of motion in the joint.

REMARKS. Excision of the elbow-joint, whatever difference of opinion may exist as to that of the larger and more important knee-joint, is now an established operation, and is one of the most successful results of conservative surgery. Seldom fatal, or requiring a secondary amputation, it presents none of those uncertain results which have followed a similar procedure at the knee-joint, and fully justifies the remark of Erichsen, "that excision of the elbow-joint has been more frequently practised than that of any other of the articu-

lations; and the result has been, on the whole, far more satisfactory." While, however, firm anchylosis is desirable at the knee, a very different result must be sought for at the elbow. The lower extremity would be useless with a loose unmanageable knee-joint; but a false joint at the elbow, by which the arm is enabled to retain a certain power of flexing and extending the lower arm on the upper, is here an object of the highest moment. Any procedure, therefore, which interferes with this result, is certainly to be avoided; and the case now under consideration is an evidence that partial excision of the elbow-joint is liable to be followed by complete loss of motion. I acted in this case on very high authority, but, in any similar case, shall certainly not be disposed to adopt a similar procedure.

Stromeyer asserts that anchylosis, in true excision of the elbow-joint, may always or generally be prevented by proper after-treatment; and the results of entire, compared with partial excision, in the Schleswig-Holstein campaign, strongly confirm this opinion. When some of his patients, on whom excision of the elbow had been performed, fell into the hands of the Danes, who did not practice the operation, a neglect of the proper treatment led to complete anchylosis. And, with regard to partial resection, Esmarch states that, in the cases in which it was adopted, bony anchylosis followed after a tedious recovery. The portion of synovial membrane left accounts for this troublesome action; for a total removal of the synovial cavity prevents the occurrence of those formidable symptoms which follow a wound or other injury. Hence I would venture, from the results of this and other reported cases, to draw a conclusion that entire, and not partial resection of the elbow-joint, ought to be the rule in operations for the removal of diseased or injured bone.

GREAT NORTHERN HOSPITAL.

EXCISION OF THE KNEE-JOINT, FOR RECTANGULAR ANCHYLOSIS OF SIXTEEN YEARS STANDING.

Under the care of P. C. PRICE, Esq.

On Tuesday week, Mr. Price excised the left knee-joint of a young man aged 19, who had been admitted under his care at the Great Northern Hospital, for rectangular anchylosis of the articulation. The patient, a fine healthy lad, believes he met with an accident to his left knee some sixteen years since, and about the same period the articulation became involved with disease. It would appear that extreme neglect has led to the present deformity. The tibia is apparently dislocated into the popliteal space somewhat behind the condyles of the femur; and the head of the bone has a lateral twist outwards, which gives a still more unsightly appearance. The patella is firmly attached to the extremity of the femur between the condyles. There is slight motion on attempting to flex the lower limb; but the hamstring tendons are remarkably tight. The thigh-bone, with its muscular coverings, is considerably smaller than its fellow; and the leg presents the same appearance. Amputation has frequently been proposed, but refused by the patient. Mr. Price thought the case in every way fitted for the operation of removal of the joint, which was taken away entire. The femur was first cut through at two and a half to three inches above the ends of the condyles; and about three-quarters to one inch of the tibia, with the head of the fibula, taken away. The leg came easily into a straight position with the thighs, and the limb was placed at the time on one of the splints described by the operator in the *Lancet* of January 24th, 1857.)

We shall watch with extreme interest the termination of this case, as it opens a fresh feature with regard to the application of excision of distorted joints in preference to amputation of limbs, which, by judicious treatment, may become thoroughly useful.