THE SEQUEL TO A CASE OF EXCISION OF THE TWO PRINCIPAL JOINTS OF THE UPPER EXTREMITY.

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IN the *Medico-Chirurgical Transactions* for 1872, vol. 55, will be found some particulars of, I believe, an unique case, in which, during the war of 1870-71, I performed resection of the shoulder- and elbow-joints in the same arm. The patient, a man called St. Aubin, was one of the corps Chasseurs d'Afrique, the third regiment of which took an active part in the battle of Sedan, under the command of the Marquis de Gallifet. St. Aubin was shot both through the shoulder and elbow of the right arm, as well as receiving a bayonet-thrust in the face. I performed secondary resection of the injured joints twelve days afterwards, removing a large quantity of bone. Eighteen months subsequently, I was able to describe to the Society the then condition of the limb in the following words. "The elbow is thoroughly healed, and the ulna so far reproduced that there is scarcely any appreciable deformity or loss of shape in the joint. He can flex and extend it, and also pronate and supinate the forearm. The power of the hand is being rapidly and completely regained." The shoulder was not, however, in so satisfactory a condition, as the upper part of the humerus had become necrosed. St. Aubin wrote to me from time to time, and told me it was proposed to remove the dead bone, but he wished me to perform the operation. I therefore invited him to come over and be a patient in St. Thomas's Hospital, which he did. When, however, I arranged to extract the sequestrum, he alleged violent home-sickness, and returned abruptly to France—taking, in fact, French leave of us. At the end of the communication, already quoted from, will be found the following sentence. "I can entertain no doubt that, as soon as the necrosed piece of humerus is removed, the sinus in the region of the shoulder will close, and the usefulness and power of the limb become greatly increased." This forecast has recently received a gratifying realisation, as shown in the accompanying translation of a letter on the subject, which M. Sarazin, under whose able care the man has lately been, has very kindly sent me.*

"I wish to complete, in a few words, the case of St. Aubin, related in your *Recollections of an Ambulance Surgeon*, translated by Morache. This man was sent to me to Bourges some weeks ago by my friend General the Marquis de Gallifet. I found, in the upper third of the arm, at the outer border of the biceps, a fistulous opening leading to a cloaca, whence flowed an abundant and fetid suppurative, kept up by a sequestrum. This sequestrum appeared immovable; but, considering the nature and duration of the lesion, it was evident this immobility was only apparent. The lower part of the arm was red and swollen. I made an incision of 8 centimètres (3¼ inches) along the outer border of the biceps, which allowed a trephine to be applied twice to the surface of the bone below the cloaca, and when the window thus formed was trimmed with the gouge, a sequestrum 11 centimètres long (4½ inches) was withdrawn. It formed an osseous tube, bevelled obliquely at both extremities, rough on its surface, perforated in places, and formed of the internal layers of the compact tissue of the shaft. A glance suffices to show that the sequestrum is the result of a suppurative myelitis, which has probably caused the death of the inner layers of the diaphysis throughout the greater part of its length; for, as St. Aubin says himself, a sequestrum quite similar in appearance, having the form and dimensions of a *pipe Belge*, was extracted some months before at Bourbon Lancy, and this presented, at its upper extremity, the traces of having been cut with a saw. The result of my operation has been most satisfactory. At present, the suppuration is insignificant and free from odour. I believe that this courageous fellow is for the future free from any chance of surgical interference, and he preserves, thanks to you, a very useful (*fort utile*) arm.—SARAZIN, Ex-Professeur Agrégé de la Faculté de Strasbourg, Médecin en Chef du Huitième Corps.—Bourges, December 11th, 1875."

I need only, in conclusion to this very interesting communication, echo the belief of Professor Sarazin, and express my sincere hope that this really brave fellow will, for the remainder of his life, enjoy, as he well deserves, the advantages of an useful limb.

* St. Aubin wrote to me at the same time to express his gratitude, in a handwriting which excited my envy, saying he was returning home the following day, a cured man, and promising to send me his news every New Year's morning.

ON THE DURATION OF THE QUARANTINE REQUIRED AFTER PUERPERAL FEVER.

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IT has been asked in the *BRITISH MEDICAL JOURNAL*, and I have also been frequently and earnestly urged in the same direction, that an opinion should be authoritatively pronounced, for a guide to the profession generally, as to the length of time an accoucheur should abstain from midwifery practice after attending a case of puerperal fever. It has come to my knowledge, from several sources, that somehow the public have acquired an idea that it requires *three months'* purification before a medical man is fit again to attend confinements. From whence this idea has originated, I am at a loss to understand; no statement of the kind can have originated from the profession. Indeed, it is self-evident that midwifery practice would not be possible on such a basis. If we suppose the same rule to exist after all cases of zymosis, the impossibility of practice is clear. It is possible, indeed I think it highly probable, that, assisted by the manipulation of midwifery, contagia would continue for a longer time influential than is usually observed in the attendance on the ordinary zymotic diseases. Yet the difference cannot by any means be so great as is indicated by fixing the time at three months.

It does seem to me, therefore, very desirable to have some kind of rule as to the time which, on the one hand, would secure our patients from risk; and, on the other, would serve as a protection to our profession from the extravagant demands of the unlearned. And, indeed, there is another point very important to the public, namely this: that if the quarantine extend beyond a practicable time, women will find a difficulty, and, perhaps, an impossibility, in obtaining aid in their hour of trial. I am not now alluding to the time required in those rare cases where puerperal fever haunts a practitioner for months; these, though well authenticated, are very rare; our rules for everyday life are not based on exceptions, but on ordinary conditions.

The speakers in the recent debate at the Obstetrical Society, while admitting that there should be an interval, have not fixed its duration; except the President in his late address to the Society, when he expressed his opinion that a week should elapse after the last day of attendance on a single case; but, in the event of a series, then a month.

The readers of the *JOURNAL* could, therefore, render no more valuable service than by communicating in its columns facts bearing upon this very practical question. For myself, I have always held three weeks' abstinence and purification to be the best approximation to the requirements of the case, giving ample time, probably more than actually necessary, to discharge the poison from the system and clothes. I am indebted for this belief to my teacher and predecessor in the chair of midwifery at Guy's, the late Dr. Lever. The soundness of this advice has been borne out by long experience over very large fields of observation; for I am not aware that it has been found to fail to cut off the spread of the disease, if we except those rare instances above alluded to, which probably have their origin in some conditions to which the medical man is exposed unknowingly in his house, etc. Three weeks may be thought too much by some; but if a rule is to be laid down, it must cover all reasonable contingencies; for when we bear in mind that in an attendance on a case lasting, say a week, with frequent and prolonged visits, manipulations, washing out of uterus, the hands and clothes become saturated with the contagium, we could scarcely expect to evolve this wholly in less than twelve or fourteen days; and, therefore, an extra week does but give a complete security in the matter. There is also another view; the extra week of obligatory rest from heavy midwifery practice is beneficial to the medical man, harassed and depressed as he would be after continuous attendance on these distressing cases. Of course, the state of the weather makes much difference as to the time during which contagium lingers on the clothes. No doubt a brisk walk in a gale, with a thorough drying of the clothes before a fire, coupled with a brushing afterwards, will, if the visit be short, probably go far to remove the poison; yet it would be unwise, as a rule for every case, to act on this view. Taking everything into account, I would give it as my opinion that, if three weeks' abstinence be adopted as a rule after the last day of attendance, the medical man should be held to have adopted all reasonable precautions, and not to be guilty of culpable carelessness.