Clinical Records.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO ST. GEORGE'S HOSPITAL.

XI.—EXCISION OF KNEE-JOINT.

BENJAMIN BENNETT, aged 8, admitted into St. George's Hospital, on April 14th, 1863. Three years previously, he had been thrown out of a wheelbarrow, and hurt his knee, which, six weeks afterwards, was found to be enlarged. Various plans of treatment were adopted. The joint was enveloped in Scott's bandage for six weeks; and he was sent for eight months to Margate.

On his admission into the Hospital, the leg was fixed at nearly a right angle. The lower extremity of the femur was very considerably enlarged; and there was a sinus, discharging a thin matter, situated about four inches above the joint on the outer side.

No plan of treatment having produced any benefit, and being apparently useless, it was determined to perform excision of the joint. Accordingly, on April 23rd, the boy having been placed under the influence of chloroform, a single transverse incision was made across the front of the knee on a level with the lower extremity of the patella. This incision was carried into the joint, the skin was then dissected off the patella, and another incision was then made above the patella, which was then removed without the loss of any portion of the skin. The attachments of the femur and tibia having been separated, the articular surfaces of the two bones were sawn off. But, owing to the thickening of the lower extremity of the femur, it was found that the leg could not be straightened, a further portion of the femur was now therefore removed. This was wedge-shaped, the thick edge forward. No bleeding occurred, and no vessel was tied. The divided edges of the skin were brought together by four sutures. The leg was placed on a straight splint, and swung in one of Salter's cradles.

April 24th. He had passed a restless night. There had been a very slight oozing of blood. He was sick after his breakfast. Pulse 100. The tongue was coated with a white fur. His cheeks were flushed. He had much pain in the situation of the knee.

On the 25th and 26th, he appeared tolerably comfortable, but the tongue became more coated.

May 1st. He was sick after his dinner. Pulse 140.

May 2nd. He passed a tolerably good night; had no pain in the knee. He was sick last evening. Pulse 120.

May 4th. Pulse 128. Tongue cleaner. He had no headache. The skin was cool and comfortable; appetite improved.

May 9th. Had had little sleep during the night. Pulse 120. He was sick yesterday. The skin was cool, and the countenance free from anxiety.

May 14th. A considerable collection of matter had taken place on the outer and lower part of the thigh. The matter partially escaped through the sinus in this situation.

May 20th. Pulse 115. He slept tolerably well; and was free from pain.

May 23rd. The incision made by the operation had nearly united; but a considerable quantity of matter discharged from the sinus in the thigh. Pulse 120; skin cool; appetite good.

May 31st. The cicatrix of the wound was becoming firm. There was less discharge from the sinus. There was general improvement.

June 19th. Pulse 120. The sinus still discharged; but the wound made by the operation was firmly healed.

June 22nd. A straight splint was applied behind the joint, and the swing was dispensed with.

June 27th. All splints were discontinued. The discharge from the sinus was very slight.

July 4th. He was dressed lying outside his bed. He could put his leg to the ground without pain.

July 14th. He could get about easily with his crutches, and was beginning to bear the weight of his body on his leg.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

HULL GENERAL INFIRMARY.

REPORTS OF CASES.

Reported, with Remarks, by C. J. EVANS, Esq.,
House-Surgeon.

CASE I. *Acute Pericarditis; Death; Autopsy.* G. S., aged 20, steward's mate on board H.M.S. *Cornwallis*, was admitted into the infirmary on May 3rd, 1858, under the care of Mr. Huntington. He had been under treatment one week. He was suffering much from dyspnoea; the respiration was short and hurried; the face pallid; and the expression anxious. On auscultation, a pericardial friction-sound was audible; respiration was puerile at the upper part of the right lung, very feeble on the left side, which scarcely expanded at all. The breathing was chiefly abdominal. He had no cough. There was the mark of a mustard plaster on the chest. There was no history of rheumatism. Four leeches were ordered to be at once applied to the region of the heart, and to be followed by a blister; and two grains of calomel and half a grain of opium to be taken every four hours, with a dose of saline effervescent mixture, containing some spirits of nitric ether.

May 4th. He passed a tolerable night. The breathing was a little easier, but he sat propped up in bed.

May 5th. The pericardial friction-sound was somewhat less distinct, and there was no extended dulness in the region of the heart. The bowels became much relaxed, and he was ordered to omit the pills.

May 8th. The friction-sound was now much louder, and the heart's action very rapid; orthopnoea was extreme. He was ordered two and a half grains of blue pill and a grain of opium in a pill every four hours; and five minims of tincture of digitalis to be added to each dose of the mixture.

May 9th. He passed a very bad night, and was evidently worse. Countenance more anxious and sunken. A blister was ordered to be applied to the chest. He died at eleven the same morning.

AUTOPSY, the following day. There was about a pint of serum in the right pleural cavity, and toughish adhesions of some standing throughout the left. Both lungs were congested. On opening the pericardium, a small quantity of fluid escaped; but the heart was found to be adherent to it on almost every part of its surface, requiring the aid of the finger to effect its separation. The entire surface of the heart presented an uniform roughness, in some parts having a distinct honeycomb appearance, while in others there were complete ridges of lymph; and an exactly corresponding appearance was seen on the inner surface of the pericardium. The heart itself was somewhat hypertrophied; and there was thickening of the mitral valve, with some warty vegetations on the aortic valves. No endocardial murmur was