A CASE
OF AN
UNUNITED FRACTURE OF THE THIGH,
CURED BY
SAWING OFF THE ENDS OF THE BONE.
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COMMUNICATED
By JOHN ABERNETHY, Esq.

Read February 13, 1810.

JOHN THOMAS, aged 53, a tall strong man, was knocked down by the falling of a tree, which broke his thigh nearly in its middle. A bone-setter in the neighbourhood was called to his assistance, who bound up the limb and continued attending him *many weeks*. The poor man having lain in bed for a longer period than was considered necessary by his friends, in such cases, took the opinion of a regular practitioner, who undeceived him as to his prospect of recovering, and advised him to place himself under my care.

The patient being rather unwilling and very unequal to undertake a journey of forty miles to Chester, contented himself with wearing a strong leathern case round his thigh, which enabled him, with crutches, to move from one room to another. However, being at length completely wearied with his inactive life, and his little farm greatly wanting his attendance, he was brought in a cart and admitted into the infirmary on the 28th of October, 1806, five months after the accident. The thigh at this time was considerably wasted, four inches shorter, and the fractured ends of the bone so far separated, with a fleshy substance between them, as to make it impossible to bring them together.

He was a man possessed of an excellent understanding and firm resolution. I stated to him that there was a chance of curing him, by sawing off the ends of the bones; but, in attempting to do so, I might unavoidably cut an artery, that would make it necessary to take off his thigh to save his life. He submitted readily to the experiment, requesting, if he could not be otherwise relieved, that the limb might be taken off. The patient being ordered for some days to live on the milk diet, and his bowels being properly attended to, the operation was performed on the 12th of November, in the following manner.

A tourniquet being applied, but not tightened,

I began an incision three inches and a half above the fracture, and continued it between the rectus and vastus externus muscles, to the same length below it. A few strokes of the scalpel laid the bone bare, and the *upper* portion was easily separated from its connection with the surrounding parts. The end of the *lower* portion of bone was buried much deeper amongst the muscles, and a firmer adhesion had taken place; and I was obliged to proceed very slowly and cautiously in this part of the operation, on account of the extreme difficulty of avoiding an artery, which beat strongly against my finger as I directed the scapel. Having thus far succeeded to my wishes, I passed a strong plate of tin behind the denuded ends of the bone, and being provided with every kind of saw likely to succeed in such a case, I judged the business would be easily finished. In this I was disappointed, for after some disturbance to the patient and much fatigue to myself, I found it necessary to make an incision across a great part of the vastus muscle, by which means I was enabled, with a common amputating saw, very easily to take off the ends of the bones. The upper portion being first removed, I had an extension made on the limb, by which I ascertained that two inches of the lower portion were to come off. There not being a single artery to tie, the lips of the longitudinal wound were brought together with strips of adhesive plaster, and the lateral incision somewhat approximated by the same means; but left suffi-

ently open to afford an easy vent to the discharge from the inside of the wound. Pledgets of cerate on lint and tow were next applied, with compresses of soft linen retained with a tailed bandage. A long sort of strong splint, reaching from the buttock to the foot, with a joint at the knee, to vary the posture, supported the limb underneath, and a common wood splint on each side, and one on the top of the thigh, made the whole secure. In this state the patient was laid in bed on his back, and by the aid of an opiate passed an easy night.

It would be needless and tiresome to enumerate the different remedies employed in this case, which the particular symptoms required. The wound was dressed on the 16th, and looked well, the bones being perfectly apposite.

The discharge was considerable, and continued so for many weeks; during which time, I found the lateral incision of great importance, as a convenient drain to the discharge, and I recommend it to be adopted in all similar cases. The wound was completely healed in three months; but the re-union of the bone was weak for a long time. On the 14th of April, 1807, he returned home, and soon was able with a stick and a high-heeled shoe to follow his usual occupation.

He died of a fever about a year ago.

Though I have several times performed all of the principal operations that occur in Surgery, and very often many of them, I confess this far surpassed any thing I had ever undertaken or witnessed, and I am doubtful as to the propriety of recommending it to be done by others.