ST. MARY'S HOSPITAL.

DISEASE OF THE HIP-JOINT IN A BOY AGED EIGHT YEARS, WITH ABSCESSSES, SINUSES, CARIES, AND DISLOCATION OF THE HEAD OF THE BONE; EXCISION OF THE JOINT; GOOD RECOVERY.

(Under the care of Mr. URE.)

WILLIAM S—, aged eight years, was admitted Jan. 1st. He is a very sickly child, and the subject of disease of the hip for three years, the greater part of which time he has been in hospital. There have been abscesses and sinuses constantly forming in connexion with the disease of the hip-joint. On his first admission, he had an abscess of the right bursa over the tuberosity of the ischium, which was found to be rough and exposed. Subsequently to this, fresh abscesses formed on the anterior and upper part of the thigh, communicating with various sinuses leading to the head of the femur, which was dislocated on to the dorsum of the ilium. Other sinuses were situated further backwards and outwards over the trochanters, also leading to the carious femur.

The patient's general health was first improved by good diet and regimen, with cod-liver oil and tonics, and when a change for the better had ensued, Mr. Ure excised the head of the femur, on the 11th of February. An incision four inches long was made, curving backwards, directly over the dislocated head of the bone, which was easily removed by cutting through the neck with a pair of large forceps. The acetabulum was slightly softened by the contact with the surrounding diseased parts, but was otherwise healthy. It was, however, scraped, and as much of the neck of the femur as was found diseased was gouged away. The head of the bone was almost entirely denuded of cartilage, and was somewhat eroded, with loss of the greater part of its articular lamellæ; its tissue generally seemed to be much softened and unusually vascular.

His progress was most favourable; the openings on the anterior and posterior aspect of the thigh gradually contracted and healed; his general health further improved, he increased in weight, and looked contented and happy. His diet was carefully attended to at the same time. For a fortnight after the operation, Mr. Ure directed the thigh to be kept slightly bent and abducted, in order to maintain the remaining portion of the neck of the femur in relation with the cotyloid cavity. This was done because in extension of the thigh there is always a tendency in the bone to be carried backwards.

At the end of six weeks after the operation, during which he never complained of pain, he was able to sit up for some time, to walk about the ward with the help of crutches, and to move his thigh gently away from the hip, both in flexion and abduction. As his case progressed, the shortening of the limb was not perceptibly greater than before the operation, and allowed the foot to be planted on to the ground. This could be done even with some weight upon it.

He was seen within the last few days, (not in hospital,) and found in tolerable health. He walks pretty well, but with the heel raised from the ground. A little discharge oozes from one or two of the old fistulous openings below the level of the seat of operation.

The termination to this case was most gratifying, and the boy, we have no doubt, will have a very useful limb in the course of time. This case also completes our present series of excision of the hip-joint; and, on glancing over them, we have reason to be satisfied with their results. Thus there are ten cases in which the operation was performed, and amongst them there are three deaths. Of these three cases, as we have already pointed out in our last number, two had the operation performed merely as a palliative measure—namely, Mr. Hancock's and Mr. Simon's cases. The third, by Mr. Stanley, was really in no better condition than the others, for rapidly advancing chest disease soon cut the poor boy off.

The recoveries in all the others are really gratifying, with but one single exception, Mr. Bowman's little girl, who is suffering from severe disease of the heart. In her case the operation itself has completely succeeded, with the drawback mentioned, which is a circumstance entirely unforeseen. We may, therefore, say of the seven cases, there have been seven successful operations. Now, in conclusion, if these are contrasted with seven amputations, we fear the comparison will be vastly against the latter in the ratio of success. The result of these seven cases, together with that in others which have preceded them in former "Mirrors," very clearly and satisfactorily demonstrate, and most convincingly prove, that actual disease of the acetabulum is not an objection to the operation; and we are permitted to go even a little further, and can state, that in commencing tubercular deposition—that is, where

the first stage of phthisis only is present, and the softening of tubercle has not already occurred, the surgeon will do good by removing a terrible source of irritation and exhaustion; and if attention is carefully paid to the general health by administering cod-liver oil and tonics, the phthical affection may yield, as in Mr. Erichsen's really very valuably illustrative case.

GREAT NORTHERN HOSPITAL.

CASE OF NECROSIS OF THE RADIUS IN A BOY, AGED NINE YEARS; EXCISION OF THE ENTIRE SHAFT.

(Under the care of Mr. SAVORY.)

THE entire ulna has been removed several times with success, Mr. Fergusson, Mr. Jones, of Jersey, Mr. Erichsen, and others, having performed the operation. The radius, again, has had the greater part of its shaft, with one end, excised, but seldom both of its extremities; to-day we have an opportunity of recording a case in which the entire shaft, with both ends, were successfully removed, and this has been in consequence of separation of the epiphyses, which has thus permitted of complete isolation. The notes of the case have been taken by Mr. Paul Belcher, house-surgeon to the hospital.

Thos. K—, a boy, aged nine years, admitted on the 29th of September with necrosis of the right radius, which can be distinctly felt bare. The highest aperture is near the upper extremity of the bone, and the two lower (one of which is in front) are near the wrist. No loose fragments of bone can be detected. The elbow and wrist joints move freely. The boy states that nine months ago he first perceived pain of a slightly intermitting character, but always aggravated at night, over the styloid process of the radius. Shortly afterwards, abscesses formed on the wrist and on the front of the forearm, just below the bend of the elbow. He was under treatment in the country, but the arm grew worse. At the beginning of August last, he became a patient at the Royal General Dispensary, Bartholomew-close, under Mr. Savory, who watched the case, and finally admitted him here for operation. Considering the present condition of the limb, the history and duration of the disease, there can be little doubt that a considerable portion of the radius is necrosed; and as the state of the boy's health appears to demand some interference, it is proposed to remove the dead bone.

Oct. 2nd.—Chloroform having been given, Mr. Savory made an incision along the back of the forearm, over the middle two-thirds of the radius and through the sinuses; the bone was at once exposed, and the whole shaft was found to be free from periosteum, and dead; it was divided in the centre, and each half drawn out with the greatest facility. The articular extremities remained untouched, and the wrist and elbow joints therefore uninjured, and their movements unimpaired. The shaft had in all probability separated at the epiphyses, from the extremity of each of which new bone had been thrown out, so as to encase the ends of the necrosed shaft for an inch or more. There was scarcely any hæmorrhage, and the wound was closed by sutures and strapping. The forearm, supported by a bandage, was placed in a prone position on a straight splint.

3rd.—Had a good night; the arm comfortable. To have ordinary diet, and a bark and acid mixture three times a day.

4th.—Slept very well. The wound dressed. The greater part has healed very perfectly by adhesion, and the remainder is granulating.

9th.—The wrist evincing a tendency to twist outwards, this was counteracted by placing a small splint on the radial side of the forearm, resting at each extremity respectively on the outer condyle of the humerus and the styloid process of the radius, and therefore having an axis as nearly as possible identical with that of the removed shaft. The wound is nearly all closed, and the boy in a much better state of health than on admission. Left the hospital.

The great object of future treatment of course will be to maintain the limb in a proper position until a new shaft is provided, for that this will occur there can be little doubt. The case will be carefully watched, and at a future time a further report may appear.

CLINICAL RECORDS.

EXCISION OF TWO CANCEROUS BREASTS.

WE had the opportunity of seeing operations performed upon three breasts at Guy's Hospital on the 6th of October, two of which were affected with cancer, and the third with cystic