

OPERATION BY MEANS OF THE CHISEL IN BONY ANCHYLOSIS.

To the Editor of THE LANCET.

SIR,—Many cases of anchylosis of joints in malposition come under the notice of the "general practitioner;" the following case may, therefore, be useful as showing the comparative ease with which even severe cases may be remedied, as well as the tolerance of joints that have been subjected to chronic inflammation when opened by operation.

Elizabeth S—, aged 22, rather pale, but well nourished, had, six years ago, rheumatic arthritis, which resulted in bony anchylosis of the knee-joint, the leg being flexed at a right angle to the thigh, and quite useless. About four weeks ago, previous to operation, I found the joint greatly enlarged, strong masses of bone firmly uniting the patella to the femur.

I saw this case operated on three years ago, when quite as much force as was justifiable was used, but the attempt to break down the anchylosis subcutaneously was unsuccessful. I therefore decided to use the chisel, and cut through the bony mass, the great strength and thickness of which it seemed hopeless to drill through. I accordingly operated as follows:—Chloroform having been administered, I tried the joint to see if it could be made to yield, but, finding it would not, I made a large semilunar skin flap, with the convexity backwards, on the outer side of the joint (the incision being about six inches in length), and having raised this, I felt about for a line of demarcation between the patella and femur, where I made a straight incision down to the bone, and, inserting the chisel, cut the patella completely free from the mass in which it was imbedded (taking care not to cut the tendon inserted into it), by driving the chisel first horizontally, then vertically, through the connecting mass of bone, considerable force being required to do this; then I forcibly straightened the leg, breaking through some pretty strong fibrous bands uniting the tibia and fibula to the other bones of the joint. I now placed the leg on a straight back splint, and secured the flap with six sutures. The wound was dressed with lint dipped in compound tincture of benzoin.

Union by the first intention took place by the seventh day, except opposite one of the sutures, and this was firmly united without suppuration on the fourteenth day.

The constitutional disturbance was very slight, the temperature rising to 100° on the fourth day, and falling to the normal on the seventh. On the fourteenth day I was able to take away the splint, and found I could move the joint, and continued to move it a little every day. On the nineteenth day the patient was able to stand firmly on the leg and take a step or two. She is to-day (the twenty-third day after the operation) able to walk a little, and is no longer confined to her room. The joint is, of course, not freely movable yet, but can be bent and straightened slowly.

The bleeding during the operation was very slight; only one superficial artery required to be twisted. The time occupied was only a few minutes. I left the patient's house twenty-five minutes after entering it, no assistance being required except a friend in practice near me to give chloroform. These points are mentioned by me as advantages for the general practitioner under whose care these cases often come. Another advantage is having a valvular flap, the line of which does not correspond to the incision into the joint, by which suppuration may be in a great measure prevented. Also the dressing with compound tincture of benzoin has proved with me in this and other occasions most useful for the same purpose. The chisel will be found a most valuable instrument for such cases. No bone need be cut away, and there is no débris.

I have found in this and other instances that there is less pain and inflammation if the limb be put on a straight splint at once.

I am inclined to think anchylosed joints give a fair prospect of success after many years in that state. I operated in

the beginning of this year on a case of firm anchylosis of the knee-joint, where the foot had not been able to be put to the ground for sixteen years, and yet the patient has several times walked to my surgery, having discarded her crutches on which she had gone all that time.

Yours faithfully,

ARTHUR RICHARDSON, M.R.C.S.

Rusholme, July, 1877.

Obituary.

ROBERT CORBET KNAGGS, M.R.C.S. ENG.

MR. KNAGGS was born at Carlow in 1809, and was educated by the Rev. Dr. Jamieson, of the same town, whence he proceeded to Dublin to prosecute his medical studies, first as a pupil of Dr. Halloran, of St. Stephen's Green (then High Sheriff of Dublin), afterwards in the Meath Hospital. In 1834 he became a member of the London College of Surgeons, and in the following year a licentiate of the Apothecaries' Hall of Ireland. After practising in the Irish metropolis for a short time, he obtained the appointment of medical officer to the Fever and Cholera Hospitals in Thurles, where for many years he carried on a large practice. In 1850 Mr. Knaggs went to Sydney, Australia, and from thence, in 1855, to Newcastle, N.S.W., where he remained, actively engaged in professional and public labours until within a few months of his decease, which took place on May 31st.

Mr. Knaggs was esteemed not only as a skilful medical practitioner, but as a man of wide sympathies, and of versatile powers. He was one who would, perhaps, have succeeded equally well in any of the learned professions, or even in commerce. For seven years he held the post of coroner for the district of Newcastle with credit to himself and to the satisfaction of his fellow-citizens. He died suddenly of heart disease, to the great regret of all who had the advantage of knowing his worth.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentleman was admitted a Fellow of the College on July 26th:—

Jelly, William, Madrid.

On the same day the following gentlemen were admitted Members of the College:—

Houghton, Walter Benoni, M.D. Lond., Tottenham-court-road.
Longstaff, George Blundell, M.B. Oxford, Wandsworth.
O'Neill, William, M.D. Aberd., Lincoln.
Phillips, C. Douglas Ferguson, M.D. Aberd., Lancaster-gate.
Savage, Thomas, M.D. St. Andrews, Birmingham.
Sullivan, John, Keppel-street.
Thomas, William Robert, M.D. Queen's Univ. Irel., Sheffield.
West, Samuel Hatch, M.B. Oxford, Colville-terrace West.
Wybrants, Jonathan, M.D. Aberd., Shepton Mallet.

Also, at the same meeting, the undermentioned gentlemen became Licentiates of the College:—

Aplin, Alfred, Harrington-street.
Arnott, Sandford, New Ormond-street.
Bennett, Arthur, London Hospital.
Beresford, William Hugh, Gloster-crescent.
Biale, John Seton, St. George's Hospital.
Brett, John, Ladbroke-grove-road.
Brook, Alexander Cameron, Dorking.
Collet, Golding Bird, Marylebone-road.
Evans, William Morgan, Guy's Hospital.
Frankish, William John, University College Hospital.
Friend, Herbert Edward, St. George's Hospital.
Galloway, Arthur Wilton, Fitzroy-road.
Gaisford, Martin, King's College Hospital.
Gomes, Dominic Anthony, Tavistock-street.
Ground, Edward, King's College Hospital.
Hemsted, Arthur, Wellington-borough.
Heinemann, William, Hildrop-crescent.
Langdon, John Sydney, University College Hospital.
Lacey, Charles William, Guy's Hospital.
Mackay, James Jerome, King's College Hospital.
Mackern, John, Park-place, Blackheath.
Pickford, John Kemble, Maiden Newton.
Reporter, Maneckjee Eduljee, Gower-place.
Stewart, Howard Douglas, King's College Hospital.
Vasey, James Adams, Cavendish-place.
Wiglesworth, Joseph, Liverpool.