

the pad except for a few days at the commencement of the treatment.

He also, on several occasions, complained of considerable pain along the inner side of the thigh and leg, which appeared to be muscular, and was partly the result of the position of the limb; but there was no pain in the tumour, nor was the pain more severe when coagulation was taking place, as has been noticed in other instances. Whether the delay in the cure in this case depended upon the great force of the general circulation, or upon the blood being carried into the sac by the too speedy re-establishment of the collateral circulation, or upon the aperture between the artery and sac being very large, it is impossible to say.

EXCISION OF THE ULNA AND ARTICULAR EXTREMITIES OF THE BONES COMPOSING THE ELBOW-JOINT, FOLLOWED BY RAPID RECOVERY, WITH A VERY USEFUL ARTIFICIAL ELBOW-JOINT.

Staff-armourer Sergeant H. W—, aged twenty-six; two years and a half in the service, of which five months were in China. He is of healthy appearance. Was admitted into the General Hospital, Hong Kong, in August, 1857, immediately after his arrival from England, with symptoms of acute hepatitis and pleuritis. Active depletion was had recourse to, and calomel and opium administered, which produced salivation, and the disease was arrested on the 3rd of September. A large phlegmonial tumour formed near the elbow-joint, which was opened, and a large quantity of matter evacuated. From that time the ulna became permanently enlarged, and extensive necrosis took place, and a few spicula of bone came away. He was admitted into Fort Pitt Hospital on the 1st of August, 1858, with numerous sinuses along the inner side of the left ulna, extending down to the diseased bone, and the probe also entered from behind into the elbow-joint. The disease in the ulna was imagined to terminate about an inch above the wrist, but to extend into the elbow-joint. The radius did not appear to be engaged in the disease. The patient's general health was good.

On the 30th of August, the whole of the ulna, as well as an inch and a half of the extremity of the humerus, and, also, the head and neck of the radius, were removed by a single incision along the posterior and inner side of the forearm. The skin was dissected back, and the ulna nerve cleared away from the internal condyle. The disease was found to extend the entire length of the ulna. An endeavour was at first made to disarticulate at the wrist, by cutting the lower attachments of the ulna, but it was found to be much more easily accomplished by cutting the triceps and lateral ligaments, and getting into the elbow-joint. The entire ulna was now disarticulated, and dissected out. An inch and a half of the ends of the humerus and radius were then removed. No vessels required to be tied. The wound was left open for three hours, when sutures were inserted, and the arm placed upon a straight splint.

Sept. 1st.—The arm was placed in a semi-bent position, and laid upon a gutta-percha splint. There was scarcely any discharge from the wound, and gradual motion of the elbow was attempted from time to time.

5th.—The whole of the wound had healed by the first intention, and the sutures were removed.

8th.—The splint was taken away, and he could move his fingers and hand, and get his left hand to the mouth with the assistance of the right, but could not do so of his own accord.

10th.—The wound completely healed twelve days after the operation.

12th.—He continues moving the joint and using his fingers, but is only just able at present to raise the forearm, showing that he is beginning to regain the power over the biceps muscle. The arm is, however, small and weak. There is every prospect of the patient having a very useful arm and hand. His general health is good, and he is out of bed and going about.

On examination of the parts removed, it was found that the whole of the ulna was much enlarged from deposition of new osseous matter, enclosing several large portions of necrosed bone. The whole of the cartilages covering the ends of the bones forming the elbow-joint were absorbed, and the bones carious.

It is not often that a case occurs where the disease is entirely confined to the ulna and bones of the elbow-joint. With regard to the operation, it was found much more easy to disarticulate from the elbow than from the lower extremity of the ulna; and care was required to avoid cutting the arteries and nerves by keeping close to the bone. It is also worthy of remark, that no vessel required to be tied, although they must

have been increased in size to supply the enlarged ulna; the rapidity with which the wound healed is also remarkable.

It appears to be advisable in excisions at the elbow-joint to take away a considerable portion of the articulating extremities of the bones composing the joint, so as to give free play and motion, and not allow of the bones becoming jammed, as happened to some extent in the next case.

(To be continued.)

ON A CASE OF
SUCCESSFUL OPERATION FOR CLEFT
PALATE;

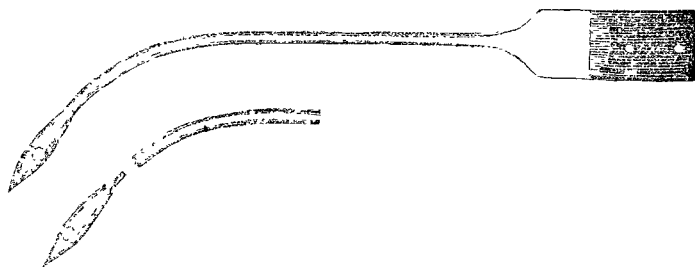
WITH A NEW FORM OF NEEDLE.

By CHRISTOPHER HEATH, Esq., M.R.C.S.,

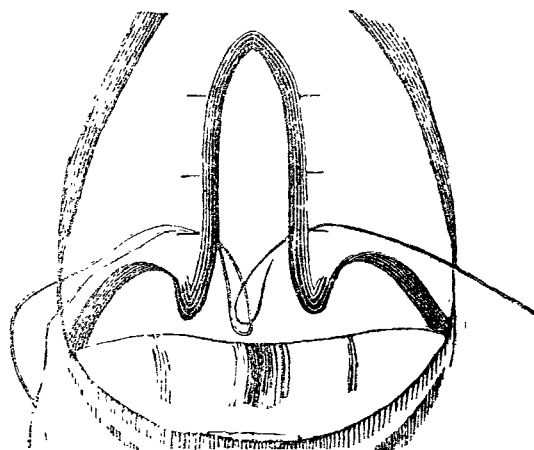
DEMONSTRATOR OF ANATOMY AT THE WESTMINSTER HOSPITAL, AND SURGEON TO THE ST. GEORGE'S AND ST. JAMES'S DISPENSARY.

THE operation of staphyloraphy seemed to have attained its perfection in the hands of Mr. Fergusson, who, after the division of the levatores palati, has been enabled to bring the sides of the cleft palate into apposition by means of silk threads, with unvarying success. The introduction of metallic sutures, however, into the practice of surgery, rendered some modification in the operation necessary, and accordingly, in the last four cases operated upon at King's College Hospital, Mr. Fergusson has knotted a silver wire to the thread previously passed across the gap, and has thus replaced the silken by a wire suture. The objection to this method of proceeding lies, first, in the extra complication, and next in the obstacle which the knot affords to the ready passage of the wire through the palate.

In the following modification of Mr. Fergusson's method I have endeavoured to avoid these disadvantages, and also the difficulty which is always experienced in seizing the minute thread at the bottom of the mouth, and drawing it out of the eye of the needle. The needle (Fig. 1) which I employed



(made by Matthews, of Portugal-street,) differs from the ordinary curved needles in being flattened in the opposite direction—i. e., parallel to the plane of the curve, instead of at right angles to it. The head of the needle is also movable. The effect of this arrangement is, that the incision made by the needle is at right angles to the edge of the palate (Fig. 2),



instead of being parallel to it, and thus, I conceive, there is less danger of the portion on which the thread rests sloughing away from want of nourishment. Besides, the head of the needle can much more readily be taken hold of by the forceps in this position and drawn out of the mouth, bringing the wire

or thread with it, and thus avoiding the difficulty of catching the thread. The following are the notes of the case:—

Sophia S—, aged thirteen, was born with a single hare-lip, and a cleft in the hard and soft palate continuous with it. The lip was operated upon successfully when she was an infant, but there being a very unsightly notch still present, I cut out the old cicatrix, and having pared the lip, brought the edges together, with great improvement in her appearance. The lip being perfectly healed, I proceeded to operate on the soft palate on the 15th October, 1858. Having divided the levatores palati, and pared the edges of the fissure, I proceeded to pass a single *freshly-annealed* silver wire with the needle I have described; this was easily drawn out of the mouth with the head, and detached through the slit in the eye, and I then passed a double loop of silk in the same manner on the opposite side. The end of the wire was now closely bent into the loop of the silk, and was thus readily drawn through the opposite side of the cleft (Fig. 2). Two other sutures being introduced in the same way, the ends of each of the wires were simply twisted together, and held the edges of the palate in admirable apposition.

It may be thought there would be a danger of the head of the needle becoming detached, and so dropping into the patient's fauces; but it is effectually retained by the thread or wire being held tightly by the operator's fingers, and as the slit in the eye is on the convexity of the needle, there is no danger of the thread escaping through it prematurely. The use of the *freshly-annealed* wire was suggested to me at the time of the operation by my friend Mr. Barclay, and it is certainly preferable, from its greater pliability, to the hardened wire in common use. I need hardly say that it is prepared by heating the ordinary wire to redness and allowing it to cool slowly.

The after-progress of the case was most satisfactory. The sutures were removed on the fourth and fifth days, when union was quite perfect. A little unhealthy action came on about the anterior part of the wound a day or two after, but this was readily checked by a dilute hydrochloric acid lotion.

A fortnight after the operation, the parts were perfectly sound and painless, and the articulation was already very considerably improved by the operation.

Gordon-square, December, 1858.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

TWO CASES OF EXCISION OF THE KNEE-JOINT; FATAL RESULT IN ONE FROM PHTHISIS AND PNEUMONIA, IN THE OTHER FROM ISCHURIA RENALIS.

(Under the care of Mr. FERGUSSON.)

APART from the success attending the operation of excision of the knee-joint in the hands of many surgeons, there occasionally follow results which are far from satisfactory; and, provided the untoward termination of these cases be not thoroughly investigated and placed in a correct light, the advancement of surgery is arrested; whilst a laudable attempt to combat disease in a manner most beneficial to the sufferer is checked.

The particulars of the two following cases, in which excision of the knee-joint was performed by Mr. Fergusson at King's College Hospital, are deeply interesting, and demand a full recital:—

CASE I.—Jane T—, aged thirty-five, married, and the mother of a healthy child, residing at Battersea, was admitted on the 20th of October, 1858, suffering from extensive disor-

ganization of the right knee-joint. The following description of the patient's condition is borrowed from the notes of Mr. Lever:—

Eighteen months prior to admission into the hospital, a continuous pain was experienced at the back part of the knee, which was supposed to arise from an undue exposure to cold. The pain gradually increased, and with its accession the joint commenced to swell. Six months afterwards the hip articulation of the same side became affected, and, both joints being now included, she entered the Middlesex Hospital. After a residence of two months, and the use of counter-irritants, some relief was gained, and for another two months she was enabled to remain at home. In the course of time the disease, which had remained in abeyance, appears to have been re-ignited; for pain, and the formation of an abscess, again compelled her to seek hospital relief.

On her admittance into King's College Hospital, the knee appeared much swollen, very painful, and rigid, the leg being bent at nearly a right angle to the thigh. The general health was very bad; there was considerable emaciation, no appetite, and little or no sleep could be obtained at night. On a closer examination of the joint, an abscess was detected within the articulation, which was opened, and about half a pint of fetid, discoloured pus discharged. There was little doubt as to very considerable mischief existing within the articulation. In all probability the cartilages and ends of the bones, besides the synovial membrane, were extensively involved. For the next fortnight the patient suffered severely all the symptoms of acute ulceration of the articular cartilages, and experienced all the depressing symptoms of this painful affection, with diarrhoea, night-sweats, loss of appetite, and diminution in strength and spirits. The constitutional disturbance arising from the constant agony and distress of the local affection called loudly for relief; and although the general condition of the patient prohibited any very sanguine anticipation in the result of a capital operation, yet her own entreaties, combined with a desire to do what was deemed best for the unfortunate sufferer, induced Mr. Fergusson to recommend that proceeding fraught with the least danger to life, and which, if successful, would insure the prospect of the retention of a useful limb.

On November 6th, while the patient was under the influence of chloroform, a single transverse incision exposed the interior of the joint, which had undergone total destruction. As was surmised, the synovial membrane, inter-articular and investing cartilages, were extensively included, while the bones had suffered from ulceration. The articulating extremities of the femur and tibia were removed by the saw, together with the patella. There was little or no bleeding, and the operation was promptly performed. The flaps were accurately adjusted, and retained by sutures of silver wire. A few hours after the operation, the patient rallied, and expressed considerable relief. At a week from this time, the report says, "that the patient sleeps much better, takes her food remarkably well, and makes no complaint of pain in the wound." The confinement to bed in one position caused a bed-sore to form over the sacrum, and on the 20th, fourteen days after the operation, she commenced to complain of sickness, restlessness, and weariness. Two days subsequently, diarrhoea accompanied the vomiting, but was allayed with brandy and medicines composed of ammonia and chloric ether. On the seventeenth day after the operation, difficulty of breathing and some pain in the chest were complained of. Crepitation became distinct over the left lung, the pulse rose, the appetite failed, and an anxious expression crept over the countenance. Rapid exhaustion set in, and all the endeavours of Mr. Walters, the house-surgeon, failed to rally the sinking patient. Death took place at ten o'clock the following morning.

At the post-mortem examination, the wound, which had united, was re-opened, and the bones found denuded of their periosteal covering to the extent of about a quarter of an inch. A coating of lymph covered the ends of both bones. An abscess had formed at the back part of the wound, and extended for some little distance behind the tibia. On opening the chest, both lungs were adherent at their apex, but the right through its entire surface. In the apex of the left lung there existed a cavity containing pus and a large amount of broken-down tubercular deposit. The upper lobe was solid, the lower gorged with blood and infiltrated with recent tubercle. The right lung was even more diseased, and bore the same striking evidence of old mischief. The apex was included in tubercular deposit, and the lower lobe greatly congested, and nearly solid.