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Contributors

Jones, George Matthew.
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Wm Lawrence Esq F.R.S.E.
With the Author's
2 kind regards
REPORT

OF
SURGICAL CASES,

OCCURRING IN HOSPITAL PRACTICE



BY
GEORGE M. JONES,

MEMBER OF THE ROYAL COLLEGES OF SURGEONS OF LONDON AND EDINBURGH,
SURGEON TO THE JERSEY HOSPITAL, ETC.

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REPORT OF SURGICAL CASES.

EXTENSIVE DISEASE OF THE RIGHT ULNA— REMOVAL OF THE ENTIRE BONE— RECOVERY.

So short a time having elapsed since the patient of whose case I am about to give the history was operated on in the General Hospital, the speaking of it as a recovery may appear premature ; but when it is found that the soft parts no longer require dressing, and are well consolidated ; that the patient's health has improved so rapidly as to leave no doubt of its thorough restoration ; that the fingers are moved not only with considerable facility but with power also ; that neither pain nor uneasiness is felt, where acute and wasting suffering was experienced before, there exists, I consider, tolerably just grounds for anticipating as perfect a cure as even the most sanguine could hope ; still with these symptoms, favourable as they must be regarded, and almost sure precursors of a useful limb, I should have delayed writing out this case for some months, had I not been informed by indisputable authorities that there are none recorded in England in which the *entire* ulna has been removed ; and I am thus led to make known this one, in the hope that junior members of the profession may pause, before removing a limb because one of its bones is wholly affected, and rather hazard an operation which may be the means of rendering life sweeter, by enabling the patient to gain his livelihood by his own exertions, instead of being dependent for his bread on the charity of others.

I shall watch attentively the further progress of this case, and when treating hereafter on the diseases to which the osseous system is subject, shall not fail to mention its future history, more particularly as regards the capabilities of the patient to employ her arm.

History of the Case.—Emma Maskell, aged 25, married, by trade a bootbinder, although of slight and delicate appearance, had always enjoyed tolerable health up to December 1855, when during a week of frost she fell twice, and on each occasion injured her right fore-arm; these accidents were followed by much pain, and considerable inflammation of the parts; at the expiration of three weeks, an abscess formed near the elbow, which, after suppurating freely, healed, but was immediately succeeded by others over the middle part of the ulna. Her general health very quickly became affected, and although attended by a talented friend of mine, his judicious prescriptions wanted the dietetic assistance so essentially necessary to afford them any chance of success. Thus reduced by want as well as by disease, she became an inmate of the Hospital on the 1st of October, last year. The fore-arm at this time presented an immense amount of disease: there existed an unhealthy ulcerated surface about the size of a two-shilling piece immediately over the styloid process, some ten or twelve sinuses from this point to the upper third of the arm, considerable puffiness at the elbow, and boggy feeling at that part, much expansion in some places, depression in others, and a sloughing tendency throughout the soft textures in the vicinity of the different sinuses. Motion of the elbow, wrist, or fingers occasioned considerable pain, and a semi-bent position of the arm was the one chosen as affording the greatest degree of comfort.

A train of hectic symptoms was apparent; occasional diarrhœa, morning perspirations, tongue characteristic of great constitutional derangement, loss of appetite, sleepless or restless nights, with a pulse varying from 108 to 120.

The disease of the arm, and the effect it produced on the system generally, demanded prompt operative interference.

Operation.—This was performed in the following manner, on the fifth day after the patient's admission :—When under the influence of chloroform, her arm was more minutely examined than it had hitherto been ; each of the sinuses led to bone. A small incision was first of all made through the puffy part at the elbow, in order to discover whether the disease had extended thus far ; here too it was found that bone divested of its periosteum could be touched with the probe. This fact necessarily facilitated the future stages of the operation, as it became evident that the removal of the entire ulna was necessary ; to effect this, an incision was commenced a little above the olecranon, and carried downwards rather beyond the styloid process ; the integuments were then cautiously dissected on either side, the scalpel being kept at the time as close to the bone as possible ; the ulna was now freed from its attachments at the wrist, then secured and held up with the left hand by the bull-dog forceps, till its remaining connexions were cut through. The triceps ~~were~~^{was} next divided across, and the entire bone liberated. The hæmorrhage was by no means considerable, and no artery of any moment required ligature. Three sutures were applied, both to the upper and the lower part of the wound, water dressing inside the middle part, and also over its entire extent. The arm was then secured on ^a suitable splint.

Description of the Removed Bone.—Throughout its whole length, the bone was, more or less, extensively diseased. Along the shaft several points shewed necrosis ; and at one in particular was a considerable cavity containing a sequestrum of dead bone, almost loose. At the posterior part of the olecranon process was another cavity, and the bone around was bare, the lower extremity, near the styloid process, presented the condition of caries, and

to the extent of more than an inch above, a considerable quantity of new bone was thrown out.

After Treatment.—Local.—For ten days after the operation, the suppuration was extraordinarily great, and much of the integumental structures sloughed away, so that the warm-water dressings had not unfrequently to be renewed two and three times a day; the pus throughout was generally of a laudable character. When healthy granulations were apparent, straps of Emplast. saponis comp., half-an-inch wide, and some distance apart, were applied in order to afford support, and at the same time to approximate, as much as seemed desirable, the lips of the wound, while the head of the radius was by every means possible coaxed, if I may so express myself, to adapt itself to the part formerly occupied by the ulna. At the expiration of seven weeks from the date of the operation, the parts had entirely healed.

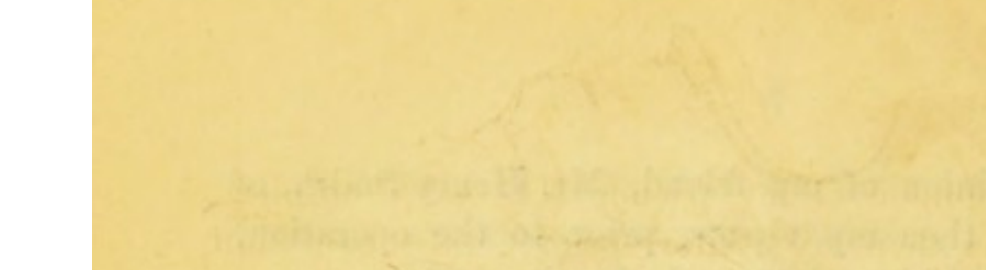
Constitutional Treatment.—Immediately after the operation, stimulants in the shape of wine and malt-liquor, were allowed, and continued for several weeks, so that eight glasses of port wine, and one bottle of porter were taken in the twenty-four hours; animal food was allowed at every meal, also other diet of a nutritious nature. Quinine in large doses, comp. tincture of bark, and the syrup of iod. of iron were the medicines prescribed, not, as a matter of course, at the same time, but alternately.

Present Appearance.—I shall merely add to the observations already made, that at this date, December 8, the appearance of the arm is such, that no one would imagine the ulna wanting, the head of the radius has so beautifully adapted itself to the parts, that even manipulation leads one almost to imagine the olecranon still exists; there is considerable movement of the wrist and of the elbow joints, of the former particularly. The patient walks about without appliance of any description, and seldom or never carries her arm in a sling.

I cannot conclude the history of this case without stating

that I had the opinion of my friend, Mr. Henry Smith, of London, who was then my visitor, prior to the operation, and the advantage of his assistance during its performance.

Last Report, May, 1857.—No persuasion could induce this patient to remain in Hospital during the winter months, she daily expected her husband (a private soldier, from abroad), and fancied he would look upon her as disgraced, if he knew she had ever been in such an Establishment; she was consequently discharged on the 21st December. The want of proper care and attention, a scanty supply of food, and even this of a very inferior quality, with no person except an aged and semi-paralised mother to attend or assist her, naturally prevented that rapid progress towards complete recovery which a totally different course of life had gone far to affect in so wonderful a degree, still notwithstanding these great disadvantages it is gratifying to find that the operation has fully succeeded; she has perfect freedom of the wrist and fingers, can sew, write and knit, and use her arm for various purposes; the motion at the elbow joint is unfortunately much more limited than when she left the Hospital, arising no doubt from the total neglect of the continuation of “passive motion” which during the time she was under proper surveillance promised a most favourable result. The arm is however in a position most suitable for use, and I have every reason to be well satisfied with the result of an operation which has been the means of saving a useful limb.

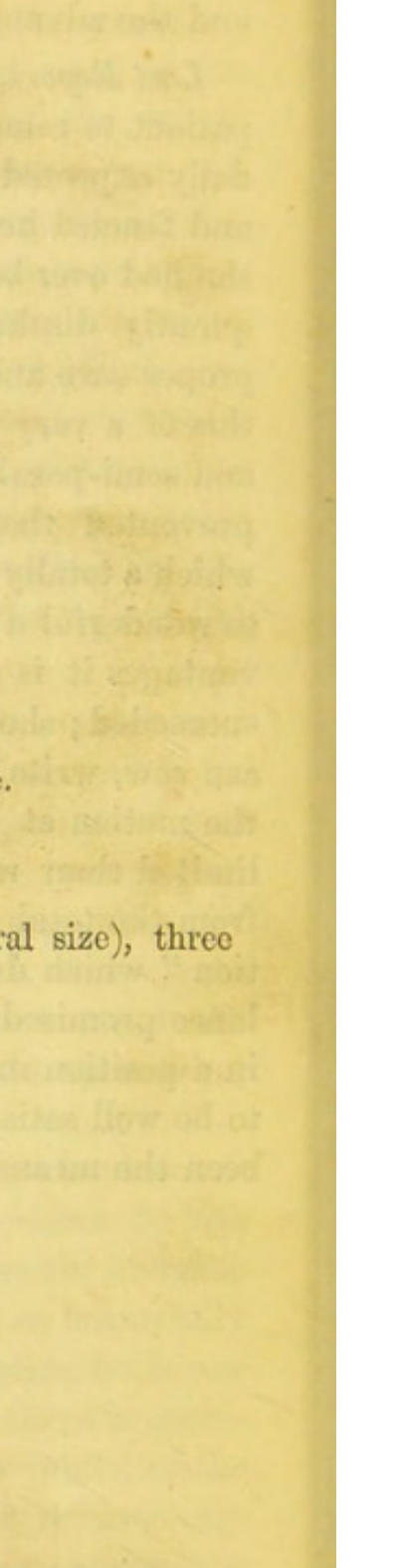


EXPLANATION OF PLATE.

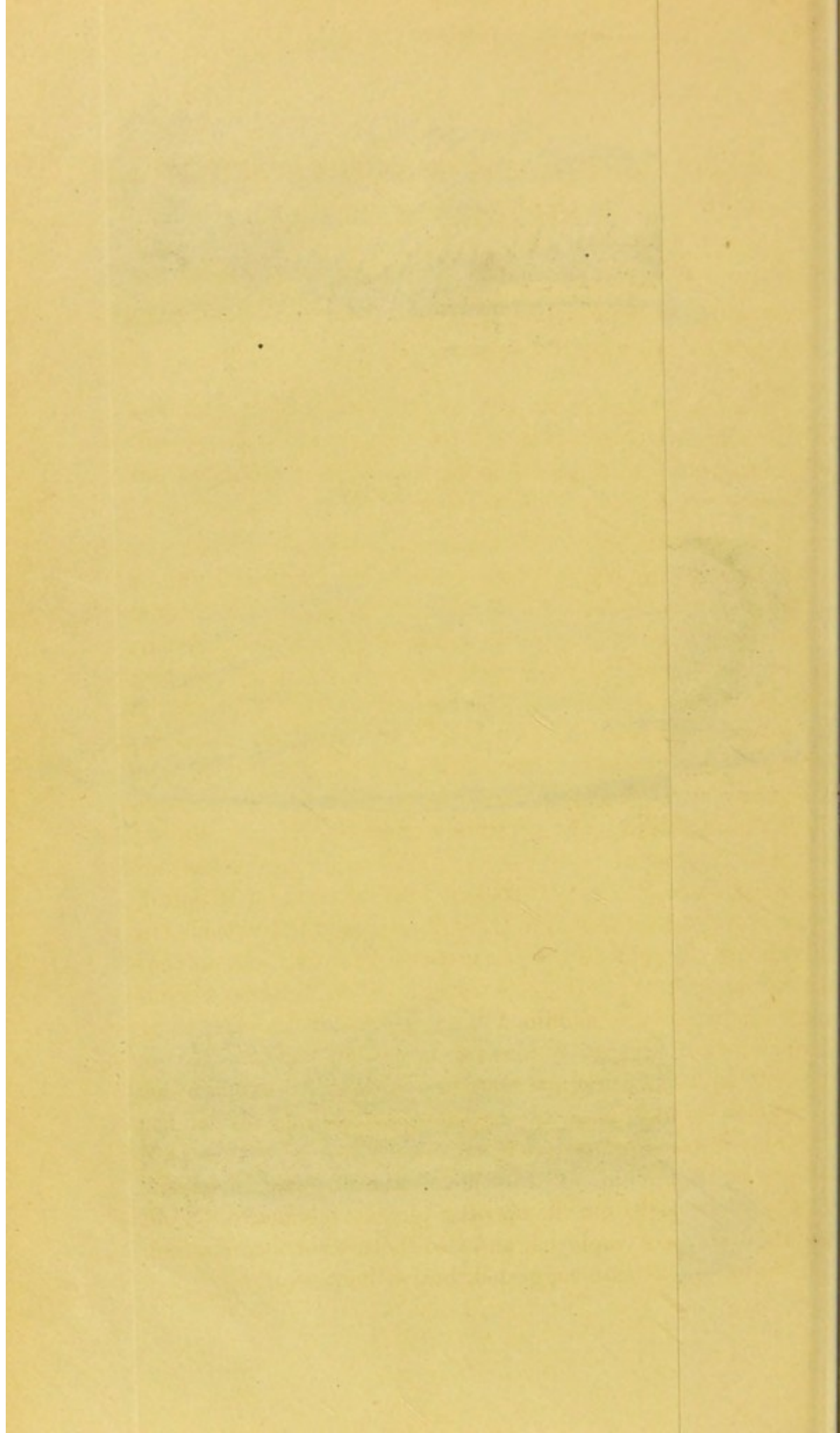
FIGURE 1—Represents the diseased Ulna, full size.

FIGURE 2—Section of the Ulna, full size.

FIGURE 3—Appearance of the Arm, (half natural size), three months after the operation.







FRACTURE OF THE LEFT FEMUR, CAUSED BY A MINIÉ RIFLE BALL.

SECOND FRACTURE, UPWARDS OF A YEAR AFTER—REMOVAL OF
MORE THAN THREE INCHES OF THE ENTIRE CIRCUMFERENCE
OF THE BONE—PERFECT RECOVERY, WITH A USEFUL LIMB.

PATRICK SULLIVAN, aged 29, a pensioner, 5 feet 11 inches in height, well proportioned and apparently strong, was admitted into the Hospital on the 3rd of July, 1856. The following is the history of his case:—

He enlisted in 1847, and was attached to the 62nd Regiment of Foot at the taking of the Quarries in the Crimea; there he was severely wounded by a Minié rifle bullet, which entered the left thigh a little above the external condyle of the femur, and was extracted about an inch below Poupart's ligament; the femur was fractured, and the hæmorrhage so great, that it was deemed advisable to keep him on the field till evening; he was then removed to the regimental hospital, where he remained for five weeks. Afterwards, he was taken to the castle Hospital, Balaklava, and continued under surgical treatment several months. The following January he embarked for England, and after a short stay at Portsea General Hospital, was ordered to Chatham, and there discharged the service. On his arrival in Jersey he was unable to walk without adventitious support, "the thigh bending," as he expresses himself rather below its middle, and at its external aspect, there existed a small opening, from which a semi-purulent discharge, trifling in quantity, occasionally flowed. An hour before his admission into Hospital, he slipped while walking, fell on the injured side, and immediately experienced very severe pain along the entire shaft of the bone, and arterial blood was freely discharged from the opening already alluded to. Cold applications were employed, and also those other means which the nature of the case suggested, but without avail.

As it seemed perfectly evident that considerable fresh mischief existed, independent of the old fracture, I decided, with the concurrence of my medical friends, to have recourse to operative measures, and on the fourth day after his admission the following operation was performed.

An incision was commenced a little below the trochanter, and carried downwards through the soft structures full 10 inches in length. On introducing the finger into the wound, it at once became apparent that an extensive comminuted fracture existed; the lower fragment was wedged behind the upper, and the little finger could easily pass through an opening, which, from its direction, may have been occasioned by the bullet. Here and there, detached portions, only held by integument, were felt, and for some extent bone divested of its periosteum was discoverable. It now became evident that no other plan excepting amputation of the fractured ends and diseased parts, could offer any prospect of ulterior benefit. To effect this the bones were, first of all, freed from their surrounding textures, retractors employed to keep back and protect the soft parts as much as possible, then the loose portions were removed from their attachment by cautious dissection, and lastly, the fractured ends were sawn through their entire circumferences. The now smooth and healthy parts were as carefully approximated as they could be, the lips of this immense wound brought here and there together by sutures, water dressing applied, and the limb secured in a suitable box, its external flap reaching from beyond the foot to under the axilla; $3\frac{1}{4}$ inches of the thigh bone were removed, the number of pieces amounted to 27; there was considerable hæmorrhage, but no vessel required ligature.

Profuse suppuration followed the operation and continued for weeks, notwithstanding which less constitutional derangement ensued than might have been expected. A very large quantity of wine, spirits, and malt liquor were taken during the period of cure, also meat and every thing nourishing.

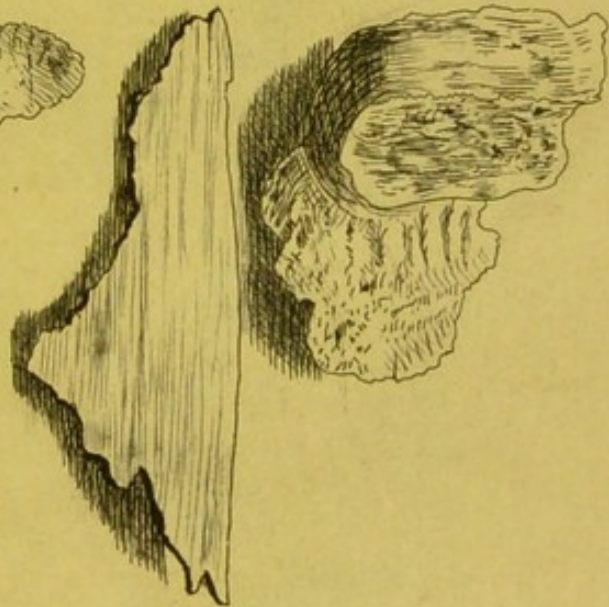
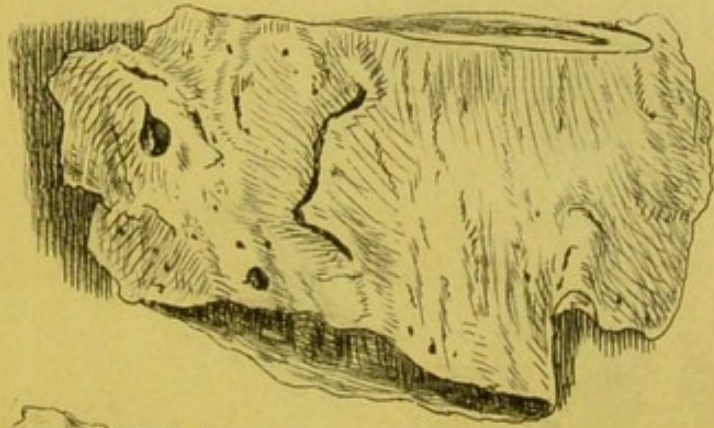
In December this patient was discharged cured; perfect bony union exists, there is much apparent bowing of the thigh outwards but this arises from the enormous amount of callous which exists, and not from any bend in the bone itself. The patient wears a boot with its heel near 4 inches thick, can walk with only the assistance of a small stick 10 or 12 miles at a time, and can also walk well without any assistance whatever. His health is excellent. I have omitted stating that when he entered the Hospital the knee-joint was completely ankylosed, and I have thought it more prudent, for reasons which must be obvious, to abstain from interfering with that which, under existing circumstances, I consider to be more beneficial than otherwise.

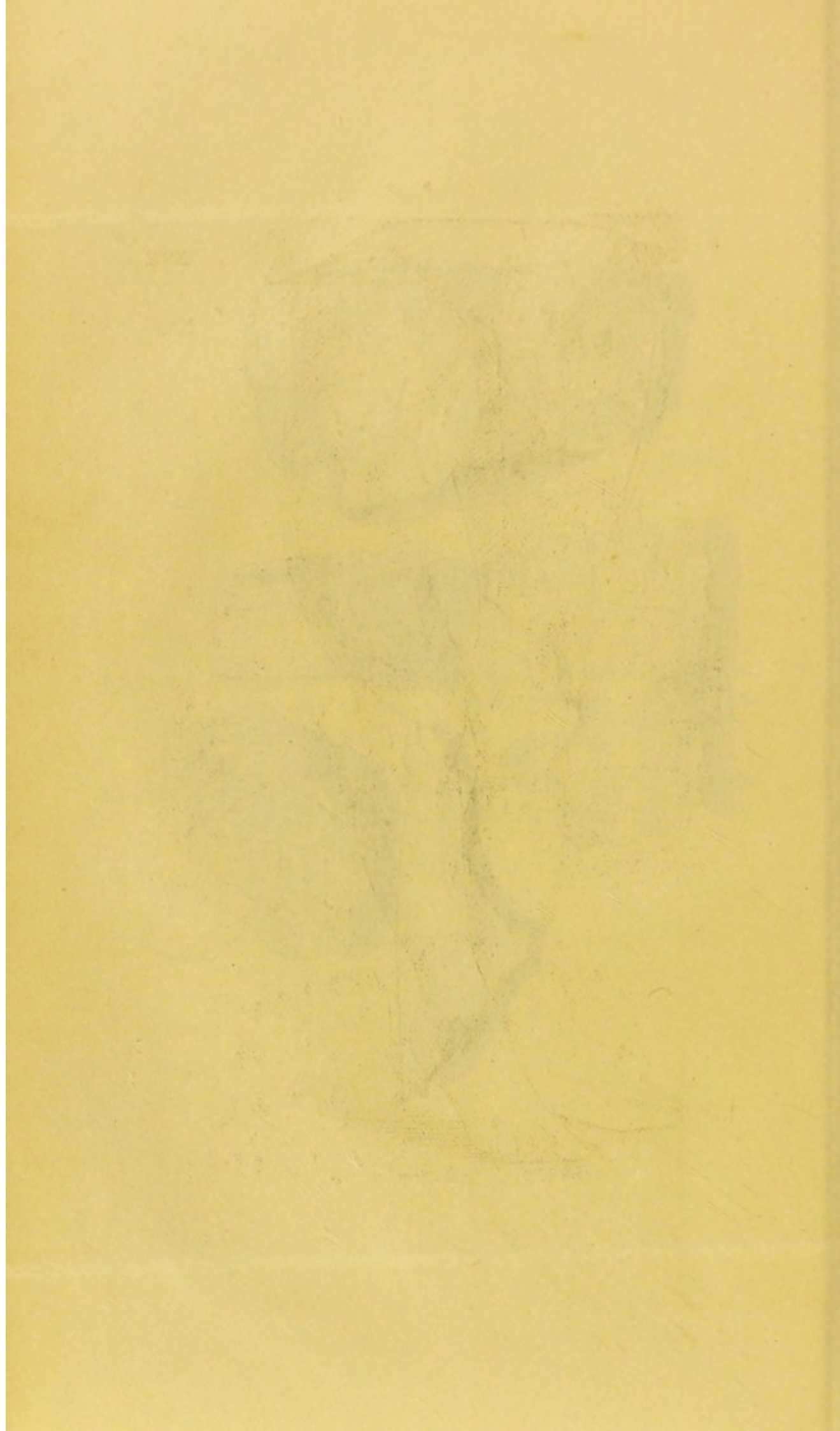
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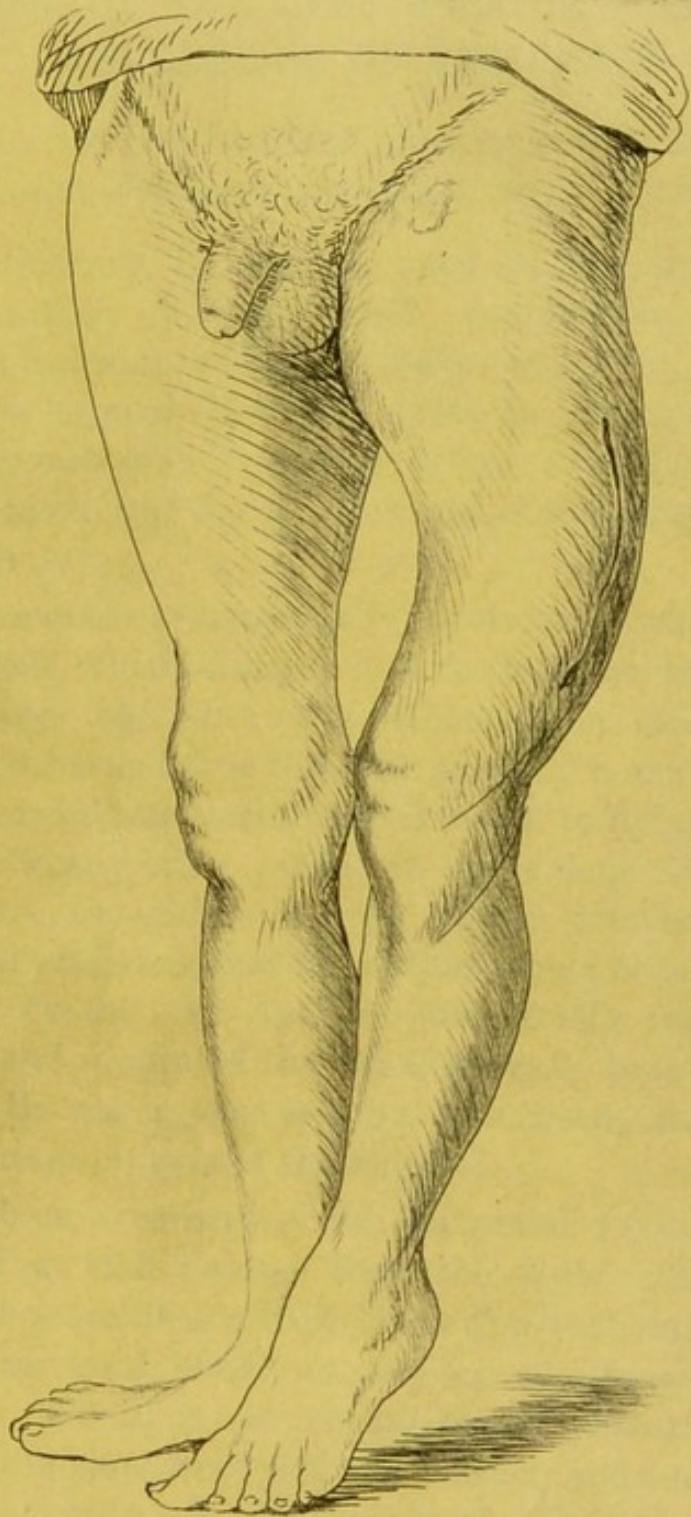
EXPLANATION OF PLATE.

- FIGURE 1.—Represents five of the largest pieces of bone (full size) out of the 27 removed from the fractured Femur in Sullivan's case.
- FIGURE 2.—Represents the Appearance of Sullivan's thigh prior to his being discharged the Hospital.

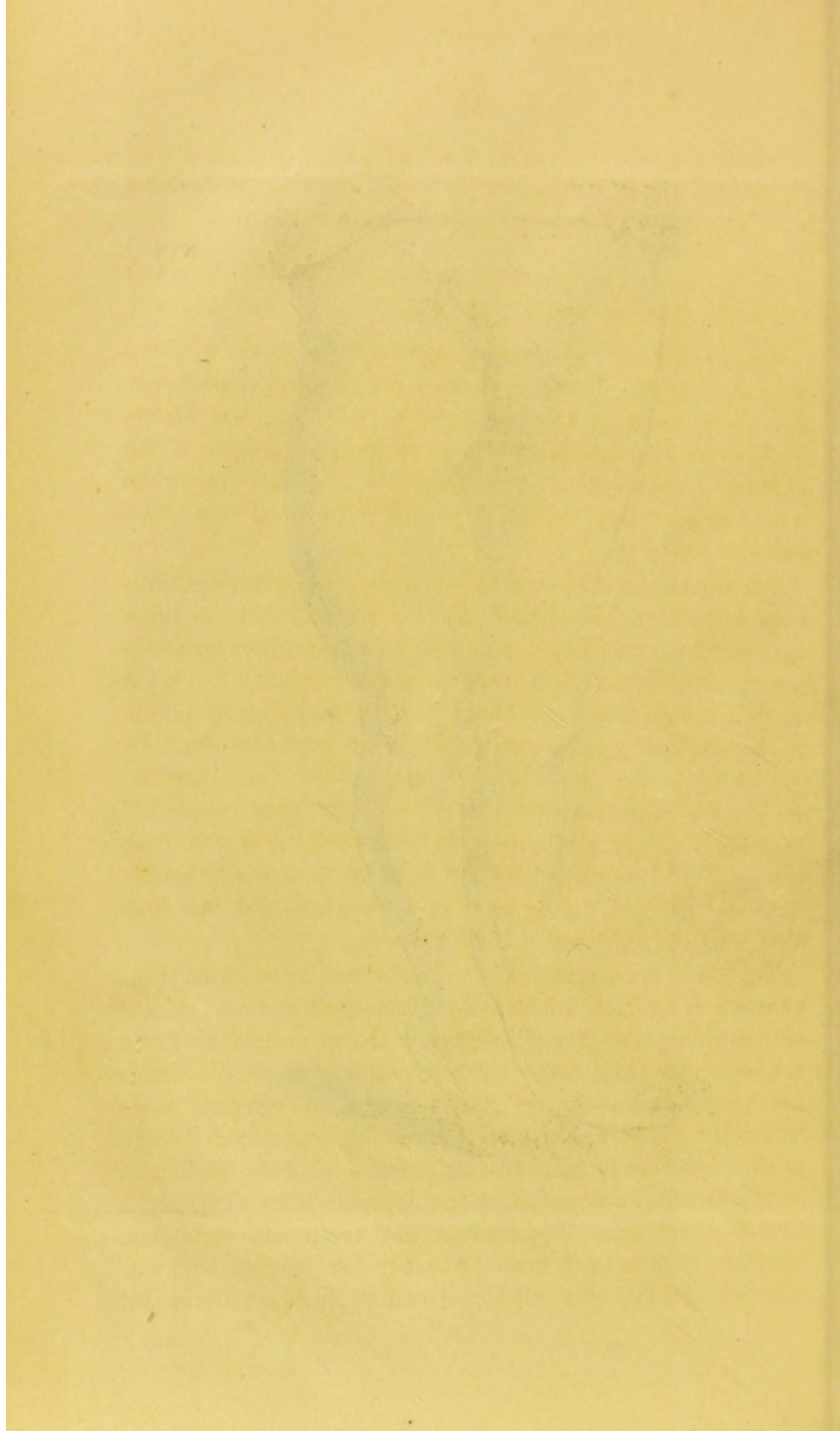
Nº 1







Nº 2



FRACTURE OF THE LEFT FEMUR, CONSEQUENT ON DISEASE OF THE BONE.

AMPUTATION OF THE DISEASED ENDS TO THE EXTENT OF NEAR
THREE INCHES—PERFECT RECOVERY, WITH A USEFUL LIMB.

Case 2.—Henry Le Breton, aged 31, by trade a house painter, healthy looking, florid complexion, moderately stout, five feet nine and a half inches in height, was admitted into the hospital May 1st, 1856, in consequence of an accident he met with two days before. He then gave the following account of the accident, and of the symptoms which preceded it:—

For five months he occasionally experienced (when walking) a sudden halt, which obliged him to rest for two or three seconds; days together he was without it, on other occasions it occurred three and four times in as many hours; this he at first disregarded, and attributed it more to flying rheumatic pains than to any other cause; it never kept him from his employment, though he latterly rather dreaded mounting ladders and preferred, that work which could be accomplished standing. On the 29th April he jumped off a wall not three feet high, and so injured the left thigh as to be totally unable to walk. He was at once seen by a Surgeon, and two days after became an inmate of the hospital.

The limb on examination was discovered to be about three quarters of an inch shorter than the right; there existed extraordinary mobility a little below the trochanter, in fact a complete universal joint; no crepitus was however, distinguishable; all signs of constitutional disturbance were wanting; the parts were cool; no tenderness, and a total absence of pain; deformity was alone apparent. Suitable appliances were at once employed, and the injured parts examined a month afterwards. Appearances and symptoms were then exactly the same as at first. Another four weeks' trial was allowed, and the only visible alteration then, was increased

bulk of the upper third of the thigh, which, on being grasped, had a hard, bony feel. The constitution, which for a considerable time remained undisturbed, had lately become affected, and although no pain was complained of, loss of appetite, great and sudden emaciation, restless nights, occasional shivering fits, &c., &c., were symptoms of by much too serious a character, particularly when taken in connexion with the early history of the case, to allow much hope that ordinary means could bring about ultimate recovery. I therefore lost no time in first of all making a free incision along the outer and upper part of the thigh, for the purpose of exploration, and, satisfied with the nature of the case, felt no hesitation in carrying out substantially the same operation as in the first case. In this instance, the femur was in a much more diseased state than in the other; detached portions were to be met with in all parts, so that twenty-six pieces, small and large, were removed by the saw and bone nippers before healthy cancellous structure was apparent, and smooth ends obtained. There was much bleeding, but no vessel required ligature.

For upwards of three weeks after, the patient remained in a most precarious state; the operation was almost immediately followed by an immense bedsore, which showed itself on the right nates, and sloughed to an extraordinary degree; the greatest difficulty was experienced in keeping the amputated ends of the femur in position; the upper portion (sawn off at the margin of the trochanter,) had a constant tendency to project upwards; and it was only by means of various appliances, and pulleys to the ceiling, by which the pelvic region might be raised or depressed at pleasure, and other mechanical contrivances, to act in the like manner on the extremity itself, that the two ends of the bone were kept in apposition. The suppuration was immense, and continued for weeks; the weakness extreme; and I must here remark, that to the unlimited allowance of stimuli at one time, rich soups at another, and not only insisting, but seeing that nourishment, in greater

or less quantities, according to symptoms, ~~must~~ be taken every two or three hours, am I to attribute the ultimate success of this case.

I shall merely remark, that the improvement was at first very slow, but after six weeks became most rapid; and I had the satisfaction of discharging this patient from the Hospital on December 21, perfectly cured. He now walks miles, with a boot, the heel of which is nearly four inches high, sometimes with a stick, more frequently without one, and expresses himself as stouter and better than he had been for years.

It was supposed by many of my friends that syphilis was the cause of the bone affection. This may be. I did not, in this instance, agree with them, and, therefore, no antisphilitic medicine was given.

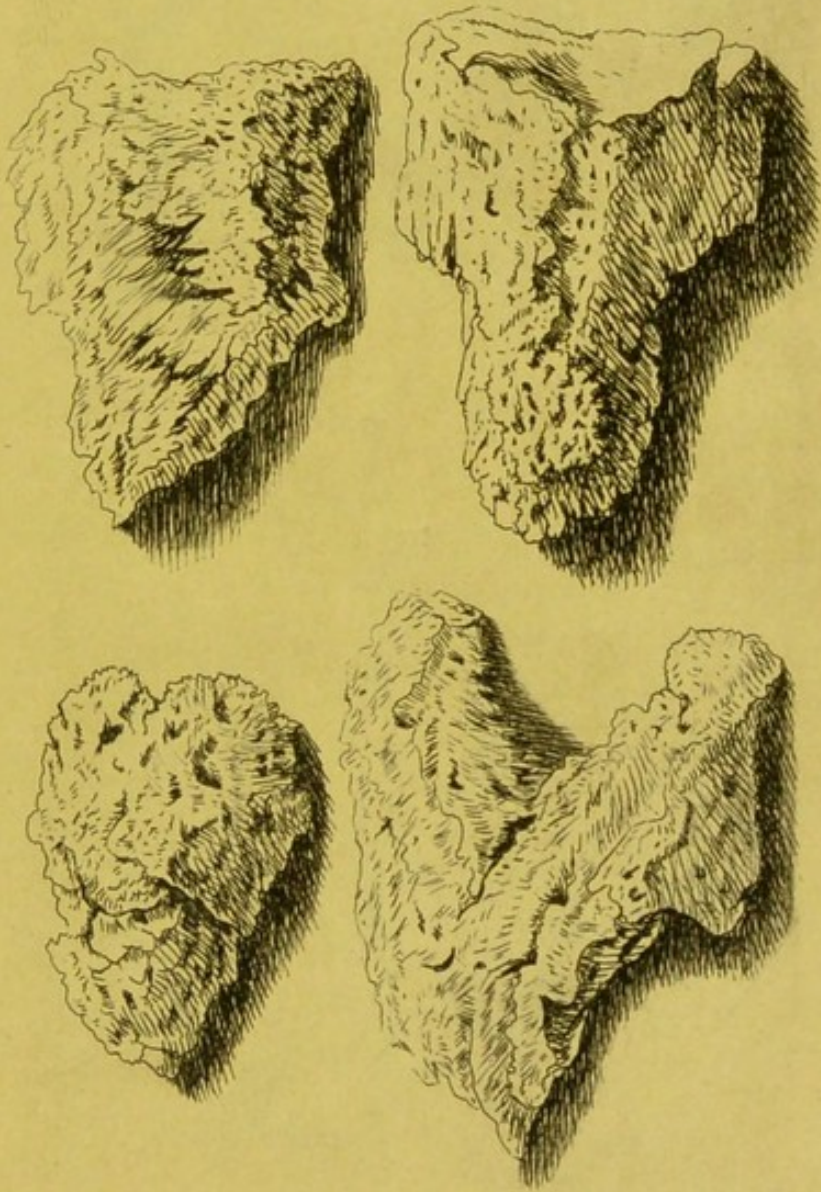
Last report of both cases, May 30th, 1857. — Sullivan still continues to walk miles with perfect freedom, nor does he experience an ache or pain in the thigh in which so severe an operation has been performed; his pension suffices for his wants; without it, he is full able to gain his livelihood by many of the means which enable thousands to maintain themselves and families. Le Breton follows his usual employment, goes up ladders, walks with extraordinary ease and quickness, and is now quite as efficient a workman as he ever was.

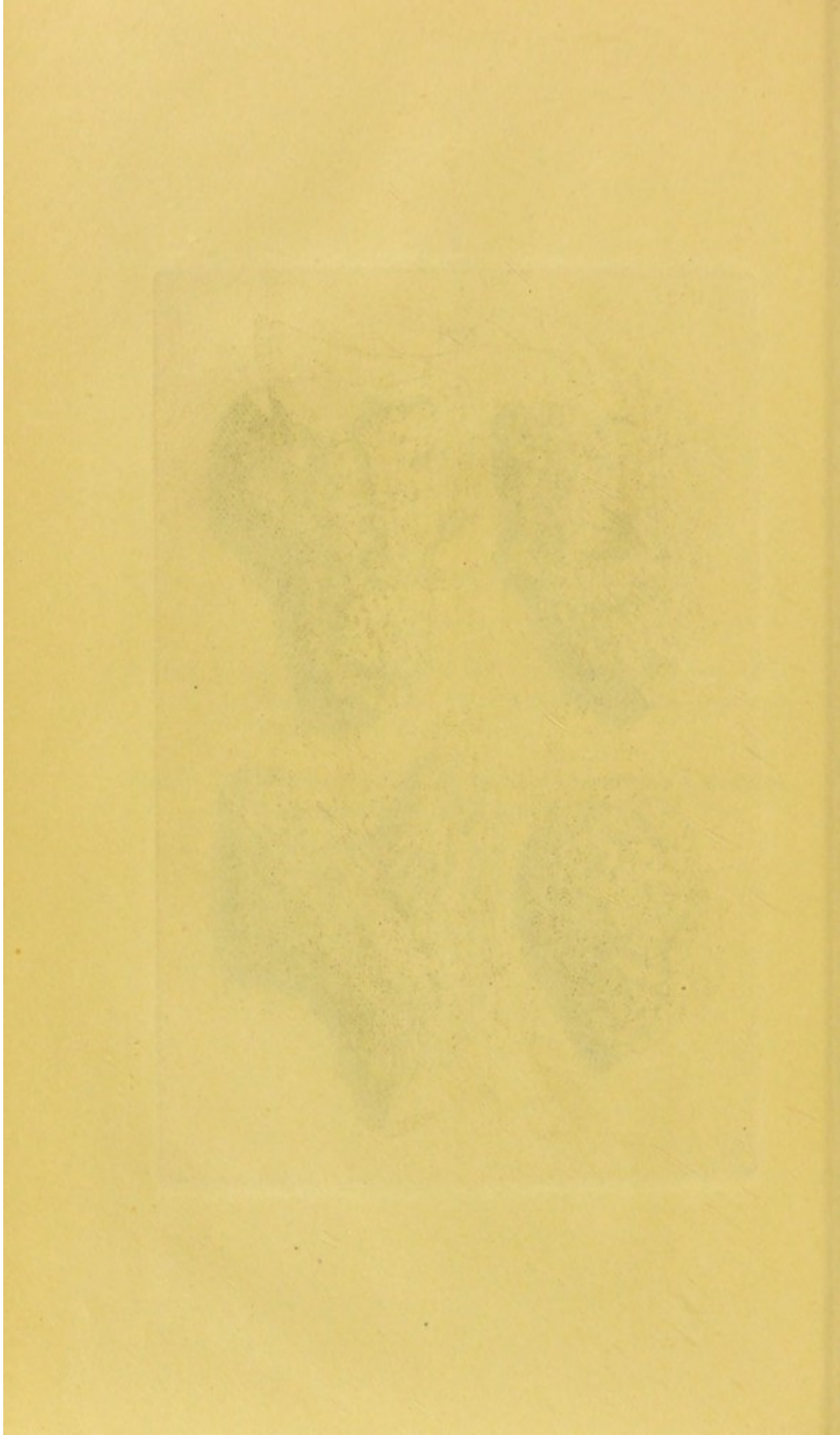
EXPLANATION OF PLATE.

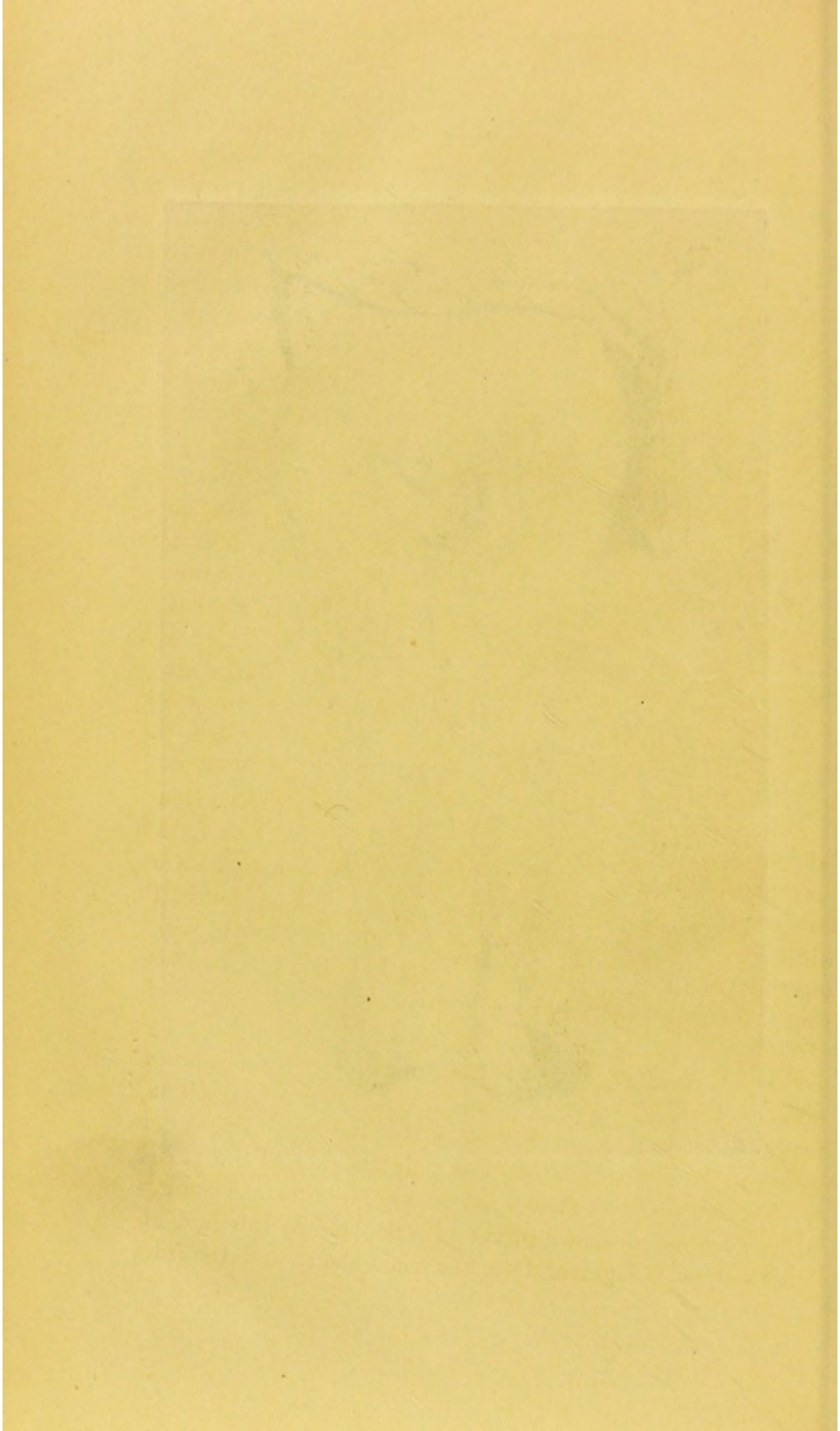
FIGURE 1.—Represents four of the largest pieces of bone (full size) out of the 26 removed from the fractured Femur in Le Breton's case.

FIGURE 2.—Represents the Appearance of Le Breton's thigh on being discharged the Hospital.

NºI







Remarks.—I did not at first attach the same degree of importance to these cases as I do at present; none precisely similar, as far as the femur is concerned, had come under my observation or treatment before, but this I attributed to other reasons than their infrequency, or the generally unfavourable termination which had resulted from similar operations. Without taking into consideration the fortunate result of my two cases, it will, I think, be admitted that no other procedure than the one here followed out, could have attained the desired object. Evidently union had never been established in Sullivan's case, and it is presumable never would have been by natural means, even had a subsequent accident not occurred, for, independently of the false joint, the four days which elapsed between the fall and the operation, were insufficient to produce that amount of disease in the bone which manifested itself when operative measures were resorted to, so that the other more ordinary and more generally successful ones recommended, were altogether inapplicable to this, and must naturally have ended in total failure. Le Breton's case was so analogous to Sullivan's that I felt no hesitation in pursuing the same line of treatment. There exists, however, this striking difference between the two; in the latter a minié rifle ball produced the fracture in a healthy structure, which, in consequence, became the seat of disease; in the former, disease was evidently the cause of the fracture. The sudden halt which came on five months before, and the increasing pain, together with the more frequent inability to walk since that time, afford at least very presumptive proofs that disease of the femur had been daily progressing, so that the fall merely accelerated that, which eventually under any circumstance must have taken place. In neither case could blisters, setons, pegging, according to Dieffenbach's method, or other means to produce irritation and inflammation of the parts, have offered the least chance of success. Here we had comminuted fracture, detached pieces of bone held by integument, but separated altogether from the main shaft, and the frac-

tured ends not only overlapping each other, but in a state of disease, so that, even supposing these unhealthy parts could have been thrown off by suppuration and exfoliation, an immense vacuum between the fractured ends must have followed, and a perfectly useless limb have been the consequence.

I have been unable to meet with the full history of any case in which this operation has been performed, but on consulting authorities, I find it regarded as most difficult, long in performing, hazardous to life, and most unquestionable in its results. (a) It is thus spoken of:—"By far the most severe operation which has ever been performed (in the thigh bone) is the complete removal of the fractured extremities, by cutting through the soft parts, and then sawing off the ends of the bone. This operation is attended with very considerable danger, and has been so unsuccessful that it is now seldom attempted." (b) "Sometimes an incision has been made through the soft parts, the fractured ends of the bone have been exposed, and the Surgeon has actually sawn off a part of the ends. This, I need not observe, is a very important proceeding. If it is in the fleshy part of the thigh, it must be a very difficult thing to accomplish. You have to inflict a very extensive wound, a wound very likely to be followed by considerable inflammation, and that with a still more serious effect. In many instances in which this has been done, the patient has at least been left in a worse condition than he was before." (c) "It would only be the most urgent necessity that would make me attempt such an operation on the thigh." (d) "I think this operation is only applicable to the upper arm and leg. . . . but not in the thigh or forearm." (e)

(a) It is only those who have performed similar operations who can fully realise the amount of time, and trouble, they require; much more than an hour was occupied in Sullivan's case, and scarcely less time in Le Breton's.

(b) Wardrop. Observations on the Methods which have been employed to produce Reunion in Fractured Bones. Medico-Chirurgical Transactions.

(c) Lawrence's Lectures on Surgery.

(d) Fergusson's Practical Surgery.

(e) South. Chelius' System of Surgery.

That my cases should have terminated so very satisfactorily, and so contrary to the general opinion entertained with reference to an operation, which alone can have the credit of bringing about this wished-for result, may appear strange; but scarcely more so, than the singular occurrence ^{of two} ~~of~~ two so identical in many points, and both necessitating the same line of practice, should have happened within a few days of each other, and have been pronounced cured at the same time. Still, if I may be allowed to hazard an opinion on the first point, I must say, it strikes me, that possibly those who have failed in this operation, may have been over anxious to preserve length of bone, and thus been too sparing with the saw. In a case of scirrhus, our first object is to excise those parts which we feel satisfied are diseased, our second to remove any portion we may think possesses a suspicious appearance, or a tendency to disease; we are more willing to sacrifice healthy structure, than to please ourselves with the belief that not a particle save that which is the reverse has been removed, and so ought our practice to be in ununited fractures. In both my cases I took especial care to see that the sawn ends were smooth, free of disease, and adapted to each other, and to this procedure I am inclined to attribute the success I obtained.
