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NECROSIS WITHOUT SUPPURATION.

BY
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THE HISTORY OF THE UNITED STATES

OF THE UNITED STATES OF AMERICA

FROM 1776 TO 1876

BY JAMES M. SMITH

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NECROSIS WITHOUT SUPPURATION.

IN Vol. LXIV. of this Journal (September, 1877) I have recorded a case of what the surgeon (Dr. Deely) previously in attendance and I considered acute necrosis, in which profuse suppuration, formation of external callus casing, and the rapid absorption and disintegration of sequestrum were all completed in the space of seven months.

I subsequently received a communication from Mr. Marrant Baker, in which he records a case of what he has named necrosis without suppuration. In his paper he gives details of the case, in which the train of symptoms differed so materially in all respects from those that are generally accepted as denoting necrosis, that he was fully justified in his description, and deserves thanks and credit for drawing the attention of surgeons to the subject. Having lately met a case presenting many peculiar features, and supporting the views of Mr. Marrant Baker, I take the opportunity of here recording it:—

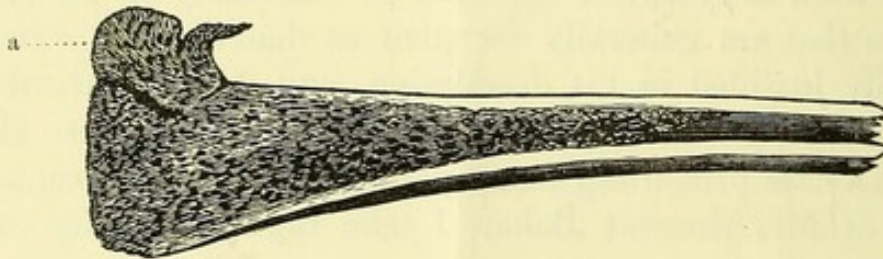
Miss —, aged fifteen, a healthy-looking girl, was thrown from a carriage, and received some bruises about the face; also there was observed a slight transverse wound about a fourth of an inch at the ulnar side of the left wrist close to the joint. Through this opening projected a small piece of very rough bone, which was considered by her medical attendants, Drs. Wilmot and Kavanagh, to be the lower end of the ulna broken off and projecting. It could not be restored or retained in position.

I saw her two days after the accident, and perceived a slightly fœtid odour from the wound, which, however, might have been attributed to commencing suppuration.

She was put under the influence of chloroform, but we could not restore the natural form to the limb. We therefore agreed to remove the projecting loose portion of bone. With this view I caught the pro-

ecting point in a forceps, and passed a director behind it. I was surprised to find the extent to which the director went, and the freedom from all obstruction of ligamentous or other attachment. Having bent the hand backwards, and pressing the director inwards, there slipped into the vessel underneath a portion of bone about two inches long. On examining the forearm the bones seemed quite naturally in their positions, but were perhaps slightly larger than those of the opposite limb; the motions perfect. Splints were applied more as a precautionary measure than from any necessity. There was slight suppuration, but no bad symptoms supervened. On examining the bone extruded, we found it about two inches long, much smaller than we would expect in a person of her age, and quite devoid of periosteum; no cartilage or epiphysary end, but a small rough deposit of new bone; the upper end irregular, jagged, but in no part did we find any appearance of its having been acted on by living parts, and on section—which was difficult from the dryness and friability of the bone—the medullary cavity was the same as in ordinary section of bones.

On further inquiry we found that about eight or nine years ago she fell and received what is called a sallyswitch fracture of both bones; this was treated by splints and long rest; she recovered with perfect use of the limb, and the parents remarked only a slight thickening of the bone.



That this was a case of necrosis there can be no doubt; and if it was the result of injury, it must have been of only two days' duration, which is scarcely possible, for the bone to die, to lose its periosteum, cartilage, and epiphysary end, and for a new case to be formed around the dead bone. Hence it was more probably the result of the fracture received so many years before, and presents us with a case in which, previous to death, a new knob of bone was deposited. The bone dies, and does not excite any inflammation; new bone is deposited around it more smooth and without any of the openings that are usually found in such cases, and the sequestrum, although so long remaining in its cavity, not in the least acted on by the living parts, and giving an odour indicative of death only when exposed to the air.

^a Viewed externally this is evidently a deposit of new bone.

It would be a curious consideration as to whether the radius might not be in the same condition. I think cases have been recorded in which a dead portion of bone has been found in the upper extremity of the tibia without suppuration, but these have been in grown persons.

This case, added to those produced by Mr. Baker, tends to prove that we may have a very obscure kind of necrosis without suppuration or any evidence of inflammation, and that this dead bone may remain *in situ* for an indefinite term, as must have been the case in Mr. Baker's cases, for here the disease could not have gone through the changes recorded by him in so few weeks—it must have been years undergoing these deviations from its natural growth.



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