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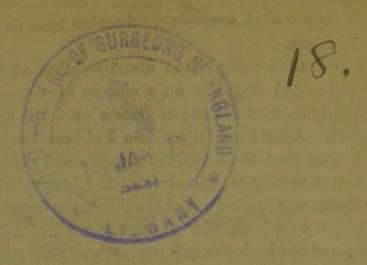
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A CASE OF FURNEAUX JORDAN'S AMPUTATION AT THE HIP-JOINT, IN WHICH BONE WAS RE-FORMED IN THE STUMP.

By EDMUND OWEN, F.R.C.S.

In May, 1884, an anæmic boy of six years was admitted to St. Mary's Hospital for old standing disease of the right hipjoint. The limb was flexed and fixed; the knee-joint of that side also was diseased. The urine was albuminous and the liver was large.

After about six weeks' treatment, an abscess formed in the hipjoint, and soon afterwards suppuration occurred also in the knee. From the former abscess about half an ounce of thick pus was withdrawn by aspiration. The knee abscess was treated by free lateral incisions and drainage. The hip-joint trouble was then going on satisfactorily.

On July 28th a pyæmic abscess, which had been slowly forming, was incised at the right wrist; this got well very rapidly. Pyæmic abscesses were also opened, washed, and drained in various other situations, as in the right elbow and elsewhere. The knee abscess went on badly, so that in August the thigh was amputated in the lower third.

The amputation wound did well; but the hip-joint disease, which until recently had been progressing favourably, got rapidly worse, acute suppuration occurring. Another pyæmic abscess also formed at the elbow.

It was then agreed that disarticulation at the hip would give the exhausted boy the only chance of recovery. This was accordingly done at the end of December, 1884, according to Jordan's method. After the first incision had been made, the raspatory was used more than the knife, the muscles and the periosteum being by its means readily separated from the femur. As the upper end of the femur was shelled out of the thigh, the fingers of each hand of an assistant were inserted in the wound, and, with the thumbs upon the surface of the limb, the soft parts were firmly grasped and the blood-vessels effectually compressed whilst the amputation was effected. The boy steadily improved, and the wound having completely healed, he was sent to a convalescent home on the 1st of last April.

In December he was again admitted, for a sinus, which led down to ulceration in the acetabulum. It was then found that the liver was larger than ever, extending across the upper part of the umbilical region and into the left hypochondriac region. The urine was one-fourth albumen. It was discovered also that there was a firm central core in the long-looking stump, which could be nothing less than the upper fourth of a new rudimentary femur. The sinus was scraped, washed, and drained. The boy was wrapped in blankets and carried out on to the balcony (protected by glass) whenever the sun shone or the weather was not too cheerless. Quinine, iron, and wine were prescribed, and he had a fresh lemon to suck every day.

Under this treatment his liver has steadily decreased; his health has improved, and the urine, as I am informed by the dresser, Mr. A. de Butts, now contains but one-tenth albumen.

This case resembles in many respects that recorded by the late Mr. Shuter in the sixteenth volume of the 'Transactions of the Clinical Society.' Shuter designed his operation with the view of obtaining the reproduction of bone in the stump, and that he succeeded is evident from the report of the critical committee which was appointed by the Society to examine the case. The muscles of the stump were found well developed, and capable of guiding the artificial limb which the boy was wearing. In the boy before us this evening the femoral stump is synostosed to the acetabulum; possibly, if the socket had not been diseased, he might have obtained, like Shuter's boy, a diarthrodial joint.

This report offers many lines for discussion, but without venturing to suggest any particular one, I would like briefly to state my opinion that Furneaux Jordan's method of amputating at the hip-joint has greatly diminished the risk to the patient, and that it has given the deathblow to the old and dreadful disarticulation by transfixion. There is now no need for haste; there is far less likelihood of the occurrence of hæmorrhage and shock, and there is less mutilation of the patient. The long stump may even give a serviceable support to an artificial limb. And I surmise that years hence, when every problem in the surgery of amputation has been solved, and the complete history of that branch of our art is written, the name of Jordan will be found closely associated with that of Syme in the suggestion of an operation which is at the same time perfectly simple in design and simply perfect in its practical results.

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