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## CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION

AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.

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MONDAY, DEC. 14, 1840.

### LECT. VI.—*Excision of Scrofulous Joints—Amputation in Compound Fracture; with Cases.*

GENTLEMEN,—I recur to-day to the subject of the excision of joints, not only to read you the reports of the progress of both the patients whose cases I discussed with you some weeks ago, but also to describe a little more minutely than I did at that time, the process employed by nature to effect that reparation which it is the aim of the surgeon to accomplish by mechanical means.

The last report of the boy in Stephen's ward, whose elbow-joint I excised, was on the 8th of November; and ever since that report he has been improving, with the exception of slight purging, for which the chalk mixture was ordered, and after its administration the purging soon ceased. A weak solution of the sulphate of zinc was applied to the wound, as the granulations had assumed rather a flabby appearance. They are now much more healthy, and the wound is rapidly healing. The general health of the patient has also much improved. The elbow has considerable passive motion, he being easily able to put the hand to his mouth, with the assistance of the other hand.

The woman in Dorcas ward has also been going on most favourably, but the degree of motion is rather less than in the former case. The wound is healing rapidly, the soap plaster being the only application used.

Now the disease in these cases was of such an extent, that our only resources were to remove the limb by amputation, to excise the morbid structures as I did, or to endeavour to support the patient during the process set up by nature to produce soft ankylosis. Suppose I had amputated, the patients would have been mutilated for the remainder of their existence; and if we had merely employed palliative measures; the process of separation and throwing off of the diseased tissues would have been so slow, that instead of there now being considerable power restored to the limb, with the almost certain expectation of rapid progression, all we should have been able to say would have been that the disease had advanced a little, and the general health was beginning to suffer more evidently from the pain and discharge.

The cases were instances of what is termed white swelling—scrofulous caries of the articular extremities of the

bones; and when I state that it is found by statistical investigation, that about three-fourths of all the amputations which are practised, are performed on account of this disease, you will see at once how very important it is to advocate a practice which, at the expense of a less severe operation, leaves a useful limb, in place of a deformed and useless stump. The morbid action in some of these cases may commence in the synovial membrane, in others in the articular cartilage; but the adjacent bone is always subsequently if not primarily affected. This disease is generally of an indolent character; for the delicacy of the blood-vessels which is visible externally in the common signs of a scrofulous constitution—thick lips, fine delicate skin, and irritability of the extremities of the mucous canals—extends throughout the body; and thus when inflammation attacks any structures whose vessels have little power, its progress is very slow and indolent, but also extremely obstinate, for you cannot restore the vessels to their healthy action, as under other circumstances. The lymph which is thrown out, instead of becoming rapidly organized, as it does when the vessels which have effused it are of normal power, is fragile and weak; the pus, instead of being of a creamy consistence, is flaky and ichorous; and the granulations of a sore are pale and flabby. You must remember that it is under all these unfavourable circumstances that you have to wait upon nature's process of reparation of a scrofulous ulcerated joint. There is a deposit of a yellowish cheesy substance in the cancellated structure of the head of the bone, by which irritation is set up: the adhering cartilage is separated and removed by absorption; and the synovial membrane is converted into adventitious organized adhesive matter. Fistulous openings form in the soft parts, by which the carious bone, and other diseased tissues, are thrown off; and ankylosis is finally accomplished, either by bone, leaving a stiff joint, or by a fibro-ligamentous tissue, which, under properly regulated motion, has sufficient flexibility and elasticity to allow of very considerable power being exerted by the limb. The man you all saw in the hospital last year, was certainly in the house eleven months after the operation; but at the end of that period he could lift a heavy form, or table, and put his limb into any position. There will always be some slight deformity after this operation; the joint loses its natural prominences by the removal of the extremities of its bones; and, as you may observe in the boy in Stephen's, there is a little shortening of the limb, and a doughy feel about the new articulation. I have only one more remark to make on this subject, and that is to warn you to be very careful of the angle at which you retain the limb during the progress of ankylosis; for if you have a stiff joint, with the limb in an awkward position,