

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

EDITED BY DR. HENNIS GREEN AND DR. STREETEN.

No. 6. Vol. I.] LONDON, SATURDAY, NOVEMBER 7, 1840. [PRICE SIXPENCE.
STAMPED EDITION SEVENPENCE.

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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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SATURDAY, OCT. 24, 1840.

LECT. I.—On the Excision of Diseased Joints.

GENTLEMEN,—The subject of the excision of diseased joints is one of the greatest interest and importance in surgery, having for its object the removal of the seat of disease, and, at the same time, the preservation of the limb; while amputation, which is so generally resorted to, and for which this operation is substituted, deprives the patient of a useful member, and leaves him a mutilated object of commiseration for the remainder of life. With these self-evident advantages, it may be well asked, how it happens that this operation is not much more frequently resorted to? The answer is, that surgeons have been too prone to entertain a great dread of laying open and exposing synovial cavities, judging, probably, that effects similar to those observed after punctured wounds of joints would be likely to supervene. But we now see that it by no means necessarily follows that the limb should be sacrificed on account of a large joint being either accidentally wounded, or destroyed by morbid action. Extensive wounds of synovial membranes are now safely trusted to the reparative powers of nature, and diseased articulating surfaces are removed by excision—practical improvements which I do not hesitate to class among the greatest triumphs of modern surgery. Now, some of you may perhaps suppose that there is no very evident analogy between the actual condition of a synovial membrane which has been recently cut or lacerated, and one which has undergone extensive alteration from disease; still it cannot be disputed, that an articulation whose structures and functions have been modified by morbid action, may be exposed, and partially or wholly removed with perfect safety; and recent experience appears to encourage the expectation, that after an articulation has been accidentally laid open, the powers of nature, aided by judicious treatment, will be sufficient to conduct the case to a successful termination, and this without that fearful and almost fatal degree of constitutional disturbance which has been generally regarded as an inevitable consequence of such injuries. In the cases where joints are laid open to any considerable extent, nature does not appear to endeavour to close the synovial capsule by the adhesive process, and thus reconvert it into a closed secreting sac. On the contrary, a granulating

surface shuts up the aperture into the articulation, which is very soon placed in a similar condition to one which, having been the seat of intense inflammatory action, is progressing towards recovery.

A very different process follows punctured wounds: the secretion of synovia is continued; it oozes through the wound, interferes with the reparative efforts of nature, and induces such a degree of inflammation, that suppuration and death not unfrequently occur. You will ask, how is the high degree of constitutional irritation which follows these punctured wounds of synovial membranes to be explained? I should attribute it in some measure to the little alarm caused by a wound apparently so slight, so that rest and other precautionary means are neglected. And in this I think I am borne out by the safety with which loose cartilages may be removed from the cavity of an articulation, by a man who does not rest his claim to be considered a skilful surgeon on his manual dexterity alone, but who attends to the state of his patient's constitution, and prepares him for the operation by judicious precautionary treatment. Again, where an extensive wound is made into a large joint, a very great degree of prostration ensues, the faintness often approaching collapse. Now this is a condition evidently calculated to subdue, or altogether prevent, subsequent inflammatory action, and is scarcely ever observed after punctured wounds.

You will remember, gentlemen, that the objects we have in view in performing the operation of excision are twofold,—to remove the disease, and to save the limb. Now nature sometimes effects what is gained by excision, by the removal of the diseased parts, and the deposition of a ligamentous or fibro-ligamentous tissue forming a new joint, an amphi-arthrodical articulation by soft ankylosis. Then why operate? you may inquire. Simply because we can rapidly effect all the good that nature's process would fulfil in months, and obviate all the evils arising from exfoliation, protracted discharges, and troublesome fistulæ in the soft parts. You may ask, again, is this outweighed by the pain of the operation? The fact is, the operation is not a very painful one. The bony and cartilaginous structures have undergone morbid alteration, the result of caries, and neither cutting these diseased structures, nor the soft parts which have also undergone modification, causes the same amount of pain, nor so high a degree of constitutional irritation as when they are healthy. The pain is by no means so great as is often caused in one night by a bit of exfoliating bone.

Now as to the cases to which the operation is applicable. In the first place, it is more suited for the upper than the lower limbs, because the actions of the former are independent of each other; the power of free motion being the