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DISLOCATION OF BOTH SHOULDERS TREATED BY OPERATION.

BY SIR JOSEPH LISTER, BART., F.R.S.

Professor of Clinical Surgery in King's College.

Delivered before the Hunterian Society.

I once had the terrible misfortune of causing the death of a patient from rupture of the axillary artery in an attempt to reduce a dislocation of the shoulder. In January, 1873, a man fifty-eight years old presented himself at the Royal Infirmary of Edinburgh with the symptoms of an ordinary subcoracoid luxation, which he said had been caused by a fall five weeks and a half previously. I afterwards learned that eight weeks had really elapsed since the accident. Having no reason to doubt his word, I proceeded to make free but not at all violent movements, first with manipulation and then with the pulleys. Not succeeding in these attempts, I decided to wait a day or two in the hope of a more favorable state from softening of the textures through irritation by the first trial. I had scarcely expressed this determination when my attention was directed to an enormous swelling below and behind the axilla, almost as big as a man's head, doubtless due to rapid extravasation of blood. No pulse was to be felt at that wrist, implying that the bleeding proceeded from the main vessel. I cut down at once the axilla and turned out a mass of clots, and as nothing appeared wrong with the lower part of the vessel except absence of pulsation, I divided both pectoral muscles up to the collarbone, so as to obtain access to the upper part of the axillary artery. I then discovered an orifice about one-sixth of an inch in diameter in the posterior part of the wall of the vessel in that region. Having tied

the vessel above and below this orifice, I took off the head of the bone so as to enable me to place the humerus in its normal position, and left the patient, though considerably reduced, chiefly by the extravasation that had occurred before I operated, in hopes of a satisfactory result. He rallied for a while, but sank about three hours later. On post-mortem examination we found that the surface upon which the head of the bone had rested in its new situation simulated cartilage in smoothness and firmness, and was formed of a dense fibrous structure strengthened with a considerable amount of osseous deposit in the form of spicula, proceeding chiefly, though not exclusively, from the coracoid process and the surgical neck of the humerus. A broad and strong fibro-osseous band, thus connecting the humerus with the coracoid process, had lain over the head of the bone and at the same time was intimately connected throughout by condensed tissue with the sheath of the axillary artery which lay over it. Thus the vessel, instead of being surrounded by loose and yielding structures, as in the natural state, was attached through the medium of the osteo-fibrous band to the coracoid process on the one hand, and the neck of the humerus on the other; and when these were separated from one another by the attempts at reduction, the artery, as well as the band, was necessarily subjected to violent traction. Accordingly the band, strong as it was, was found to have been torn right across, and the rent in it was exactly opposite to the rupture in the artery. An atheromatous condition of the vessel served to explain still further the disaster. The knowledge of the fact that a condition thus strongly predisposing the axillary artery to injury, when traction was made upon the humerus, might be developed within eight weeks of the occurrence of the luxation, has ever since made me feel a great horror at attempts at reduction of long-standing subcoracoid dislocation. Accordingly in the cases which I have now to relate I determined to adopt what I hoped would prove a safer mode of procedure.

Thomas C——, a robust laborer, forty-seven years of age, was engaged on April 17th, 1887, in felling trees; and having