

## Selections.

### AMPUTATION OF RIGHT THIGH — LOWER THIRD—FOR TUBER- CULOSIS OF ANKLE AND KNEE JOINTS.\*

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GENTLEMEN.—I am very sorry indeed that the conditions presented in this, our new patient, although he is younger in years, render it necessary this morning to make a mutilating operation, for the same pathological conditions, but affecting two great joints instead of one. The case is an exceedingly interesting one from an etiological standpoint, illustrating the infectiousness of tuberculosis, the disease commencing in this instance in the same insidious manner as in the one which has just left the arena. A simple sprain of the ankle joint has been followed by an insidious tubercular affection which has destroyed the soft parts of the joint, and the probe demonstrated that it has invaded the articular ends of the bones forming the joint.

In fact, here is a case of so-called caries, which is in reality an effect of disease, not a disease *per se*. Caries of bone is produced by molecular destruction of bone tissue by granulations, and is, in ninety-nine out of a hundred cases, the result of a tubercular inflammation. I had decided to make a typical resection of the ankle joint when my attention was called to the knee joint, where I found destructive changes of a similar origin and character to the affection of the ankle joint. I believe that in this case there is absolutely no direct etiological connection between the ankle and the knee-joint affections, but the infection of both joints can, in all probability, be traced to the same primary focus. There is great danger that in this case, with two tubercular joints, the seat of secondary infection with pus microbes, the patient would soon become the victim of pulmonary tuberculosis, tubercular meningitis, or even of disseminated miliary tuberculosis, if the peripheral lesions were allowed to pursue their own course; hence it becomes necessary for us to sacrifice the lower limb and make the am-

putation through the thigh, eliminating by the same operation the two tubercular joints. There are only a few essential principles that become necessary to memorize and to carry into effect in amputating through any part of the upper or lower extremities. If you will remember to make the incision so as to bring the resulting scar away from pressure in wearing an artificial limb; to preserve the periosteum; and to amputate the principal nerve trunks at least an inch above the level of the incision through the soft parts, in order to prevent a common and very painful affection, neuroma; and under all circumstances to secure complete hæmostasis, you have all the essential rules that should guide you in making an amputation anywhere.

The operation that I am just about to make through the thigh may be regarded as a type for any amputation of the upper or lower extremities. In order to throw the scar away from where it will do harm, it will be necessary to make one long and one short flap; whether you take a long flap from the front, from the side, or from behind, is immaterial; you will take tissue where you can obtain it, and you will make the amputation as far away from the body as possible.

It makes my blood curdle, and my hair stand on end, when in the nineteenth century, during this progressive age, men are held up in courts of justice to answer a malpractice suit for having made a posterior long or a lateral flap; but old text-books are still revered by lawyers, but they are of little use to the surgeon. If called upon, under such circumstances, do not hesitate for a moment in supporting your colleague, whether he has made a long anterior or a long posterior flap. Rest assured that if he is a progressive man he has taken the flap from the region best adapted to serve as a covering for the stump.

Here, fortunately, we are able to make a long anterior flap, which is the ideal flap, of course, and, as you will notice, the flap by its own weight will seek to maintain its proper position, at the same time securing the best conditions for efficient drainage. If the knee joint had formed sinuses, and I had found the tissues over the anterior aspect of the knee joint in a less favorable condition for a flap than on the opposite sides, I

\* An abstract of part of a Clinical Lecture delivered at the second annual meeting of the Association of Military Surgeons of the United States.