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**EXCISION OF THE SHOULDER AND
ELBOW JOINTS OF THE SAME
ARM FOR TRAUMATISM.***

BY ARCHIBALD E. MALLOCH, M.D.

Mr. Chairman and Gentlemen:

I have brought the following case before you on account of the rarity of an injury requiring excision of the shoulder and elbow joints of the same arm, and as an example of how useful a limb may be obtained after such extensive mutilation. The case reported to the Medico-Chirurgical Society of London, in 1872, by Wm. MacCormac, F.R.C.S. (now Sir William MacCormac), and published in Vol. 55 of its transactions, is the only similar one I have found on record.

D— S—, male, æt. 12, well-developed, was admitted into the Hamilton City Hospital on the 31st July, 1890, for a railway injury to the shoulder and elbow joints. He was seen by me two hours after his admission, when I found him suffering slightly from shock, with the limb, which had been thoroughly cleansed, bound up in towels soaked with 1 to 100 corrosive sublimate solution. Under chloroform it was found that the elbow was extensively injured, several pieces of loose bone being felt, and that a wound on its posterior aspect connected with the joint. The olecranon and all the condyloid surface of the humerus, and a portion of the shaft of that bone, were removed

in seven pieces, which were lying almost loose in the soft tissues; this portion of the limb was then wrapped in an antiseptic towel and attention directed to the other injury.

The shoulder and pectoral regions were much swollen, and fluctuation could be felt over a considerable area; the direction of the shaft of the humerus was to the inner side of the coracoid process, and below the clavicle its sharp, rough end could be felt; a hard, round mass could be indistinctly felt under the acromion. All our efforts to bring down the humerus failed. The patient then showed such signs of depression that I decided to wait before making further attempts to dislodge the humerus. The radial and ulnar arteries were found beating at the wrist. A drainage tube was passed into the centre of the elbow space and the wound closed and dressed antiseptically; with the forearm semiflexed, the elbow was supported by two narrow, thick pads of gauze reaching well up on the humerus and down to the tips of the fingers, and kept in position by a bandage. A reversed wedge-shaped pad of gauze was placed in the axilla, and the arm bound to the side. It would be too tedious to note the subsequent dressings to the elbow; at no time did the lad suffer from it, and antiseptically it was a success. Passive motion was made for the first time on the 19th of August. On August 5th it was found that the hand, forearm and arm were swollen; the elbow was exposed and found free from heat and redness, and not more swollen than the other parts of the limb; the fluctuat-

*A paper read before the Ontario Medical Association.