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Original Communications.

CASE OF EXCISION OF THE UPPER END OF RADIUS FOR ANCHY-LOSIS WITH ULNA.*

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May 5, 1892.—Maude F—, aged 14, fairly healthy till two years ago, when she suffered severely from an attack of diphtheria, and has never been so obust since then. Otorrheea started at that time, and has continued till the present.

Four years ago had a fall on the right elbow, striking upon the edge of an unframed slate. Λ fracture was diagnosed by the attending surgeon, and the elbow put up in splints; these were kept on four weeks. Not much attention seems to have been given to the after-treatment.

Flexion and extension are fairly good, though not quite perfect. There is not the slightest rotation of the radius upon the ulna, however: the hand lying in the position of semi-pronation. This renders the hand to a large extent useless for many purposes. The patient complains especially that attempts at writing are very irksome, and

cause much pain in the wrist and elbow. Of late

be made out about the elbow-joint or forearm.

Operation. — Chloroform given. An elastic tourniquet placed on arm, and a longitudinal incision made over the upper end of the radius. On uncovering the bone, the radius was found firmly united for an inch and a quarter to the ulna. A saw was used to separate them, and then I divided the radius below their line of union by means of the bone forceps, and removed the upper end of that bone, disarticulating it at the joint.

A solution of bichloride of mercury, 1-1000, was applied to the raw surfaces, and the soft parts united by sutures, a drainage tube being put in. Then the wound was dusted with iodoform, and a dressing of salicylated cotton applied, the elbow being bent and laid on a pillow.

The healing was delayed by a superficial slough of the wound, owing in all probability to the use of too strong a solution of bichloride.

Patient went away to the country about the 20th of Jure, and I did not see her again till the 10th of October.

I then found that she had not followed out my instructions in regard to keeping up the movements of rotation and flexion, and these were quite limited. I therefore gave a little chloroform and broke up the adhesions, so that flexion and extension were nearly perfect, and the motion of the

these pains seem to be increasing in severity. On examination not the slightest deformity can

^{*} Read before the Clinical Society of Toronto.