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EXCISION OF THE WRIST.*

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The operation of excision of the wrist as described by Lister, in 1865, involves not only the complete removal of the carpus, but also a portion of the lower ends of the radius and ulna and of the bases of the metacarpal bones as well. It is performed chiefly for tuberculous disease, the object of such a complete operation being the entire removal of all articular surfaces and the complete eradication of all the complicated, contiguous, synovial membranes of the various joints, on account of their liability to rapid involvement whether the disease commences in the synovial membrane, the lower end of the radius or elsewhere. But even in tuberculous cases, although perhaps not wisely, it has been subjected to many limiting modifications, and undoubtedly it is the case that when the operation is called for by other indications, a more limited one will often suffice, the conditions presented by the individual case being taken as a guide to the amount of necessary removal of bone.

Besides tuberculous disease, which unfortunately occurs more rarely alone, and isolated in the wrist than in any other joint, conditions from which indications for its excision, either partial or complete, may arise, are infection resulting in necrosis and chronic suppuration; wounds, especially of the gun-shot variety; ankylosis in a markedly faulty position; irreducible dislocation of the wrist or subluxation of the lower radial epiphysis, and compound, comminuted fractures of the carpus or lower end of the radius.

* Read at the meeting of the Toronto Medical Society, February 16th, 1905.