

III. *Farther Account of a new Method of treating Diseases of the Joints of the Knee and Elbow. Communicated in a Letter to Dr. Simmons by Mr. H. Park, one of the Surgeons of the Liverpool Infirmary.*

**I**N the year 1783 I ventured to obtrude on the world a small pamphlet, pointing out a mode of treating some of the affections of the large articulations, which I then believed had not been attempted by any other practitioner. To the history of the case of Hector M'Caghen, there related, I have now to add, that he afterwards made several voyages to sea; in which he was able to go aloft with considerable agility, and to perform all the duties of a seaman: that he was twice shipwrecked, and suffered great hardships, without feeling any farther complaint in that limb; but was at last unfortunately drowned by the oversetting of a flat in the river Mersey.

As the propriety, however, of adopting such a practice can only be determined by a number of experiments, I feel myself equally bound to communicate to the Public the event of my second attempt of this nature, although it proved as unfortunate as the first was successful.

The

Excision Knee  
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The subject of this operation was Charles Harrison, aged thirty years, by trade a wheelwright, and to appearance a strong, robust man; but who was, as I afterwards learned, of a highly scrophulous family.

His knee, which had been diseased about three years, was more enlarged than that of Hector M'Caghen; the disease in the soft parts was more extensive; and a considerable abscess had formed, which extended some inches below the joint, on the outside of the leg, but had not yet opened.

The operation was performed, agreeably to the patient's choice, on the 22d of June, with little variation, as to the *modus operandi*, from the former one, except that an opening was first made into the abscess, as well to answer the purpose of a depending drain afterwards, as to afford an opportunity of examining the state of the fibula, which was not found diseased.

Two small arteries were taken up, and the cavity lightly filled with lint. An anodyne was given immediately after the operation; notwithstanding which he passed the day in a good deal of pain; but by repeating the opiate in the evening had an easy night.

The

The wound was not opened till the 27th, when only the bandages and external dressings, which were becoming offensive, were changed, and he was removed into a fresh bed. The knee appeared large, but the leg and thigh were pretty free from tension; the discharge was moderate in quantity, and good in quality, coming mostly from the depending opening; and the man seemed very well in his general health.

The dressings did not all come out till July the 1st, when the whole surface of the wound looked clean, and the granulations were so luxuriant, that the ends of the bones were covered, and the cavity was in a great measure filled up.

July 8th. The discharge was much diminished, very little coming from the depending opening.

— 20th. Some degree of union appeared to have taken place; the bulk of the knee and the surface of the wound were diminishing apace. Some pus, however, was pressed out of the granulations, as from a sponge.

— 24th. He had a diarrhœa during the two last days. A small quantity of pus had made its way through the cicatrix of an old

\* issue

issue below the inside of the knee, but no more could be pressed out of the granulations. The union appeared to be gaining strength.

July 31st. He had gotten the limb into a bad position; the union was a good deal loosened, and there was rather more discharge; the bulk of the limb and surface of the wound were diminishing fast; the diarrhoea had ceased, but he had night sweats, looked ill, felt languid, and complained of a good deal of pain in the other leg, which was swollen and œdematous.

August 10th. The affection of the other leg was much abated.

———— 21st. The sweats had ceased, and his strength was much improved. The discharge was small, and the union apparently stronger than it had yet been. We now began to take him out of bed frequently.

———— 26th. He complained of more pain, swelling, and soreness. The union appeared more loose, and the discharge more considerable; but he seemed to be in tolerably good general health. About this time I learnt that his family were highly scrophulous.

September 7th. The discharge was still considerable. He had been languid, and had but

little appetite during the two last days; but seemed better to-day.

September 14th. The discharge was again become moderate, with appearance of more union; and the healing of the wound was advancing.

————— 30th. He had a troublesome diarrhoea.

October 3d. He had incessant bilious vomiting and purging, with severe griping, great internal heat, and troublesome aphthæ. By these complaints he was suddenly brought into such a state as to preclude every idea of removing the limb, could we have had ever so much reason to hope that, by so doing, we should have removed the whole disease. In this state he continued until the 13th, and then sunk in spite of all our efforts.

Soon after the publication of my little pamphlet, the late Mr. Filkin, of Northwich, informed Dr. Binns, of this town, that he had performed a similar operation, about twenty years before, with success. The Doctor, at my request, applied to Mr. Filkin for the particulars of the case, but was disappointed in his attempts to obtain them; that gentleman being soon after seized with a paralytic affection,

tion, which greatly impaired his faculties, and at last terminated in his death. I have been, however, since favoured with a letter from his son, at present surgeon in Northwich; of which the following is an extract:

“ You will, I fear, think me very remiss in  
 “ not answering your kind favour long before;  
 “ but as my father’s notes do not describe the  
 “ case of the operation of the knee so plainly  
 “ as I could wish, I have waited till an oppor-  
 “ tunity occurred when I could see the man, to  
 “ have what he knew on the matter; and  
 “ though all I can collect on the subject is very  
 “ trifling, still I beg leave to send you what  
 “ little information I have gained.

“ The patient was always of a scrophulous  
 “ habit, and had for many years a tumour on  
 “ the knee, which gradually increased in size,  
 “ and to which every topical application was  
 “ used without effect. By accident, falling  
 “ from a horse, the patella was fractured, and  
 “ from a small wound there was discharged  
 “ about half a pound of fœtid, foul-coloured  
 “ pus: amputation was immediately proposed;  
 “ but the parents not consenting, my father  
 “ was called in. Having frequently thought

“ this method might sometimes succeed, and  
 “ having performed it once on the dead body,  
 “ he proposed it to the parents of the patient  
 “ in this case, though it was an unfavourable  
 “ one, the patient’s general health being much  
 “ impaired. The parents consenting, a day  
 “ was fixed for the operation, which was per-  
 “ formed on the 23d of August, 1762. The  
 “ ligaments were found in a very sloughy,  
 “ suppurative state, with the cartilages greatly  
 “ injured, and the heads of the bones much  
 “ diseased, particularly the head of the tibia.  
 “ The patella, with the head of the femur,  
 “ and a portion of the tibia, were removed;  
 “ a good digestion came on; the limb was  
 “ kept in a straight position; and on the 21st  
 “ of November, 1762, he was got so well as  
 “ to require no farther attention.

“ I am extremely sorry I cannot give you a  
 “ more particular description of this case, and  
 “ regret much that my father in his health did  
 “ not inform either you or our worthy friend,  
 “ Dr. Binns, minutely of it. The person is  
 “ now living, and sometimes goes to Liver-  
 “ pool, where, if you will give me leave, I  
 “ will desire him to call upon you.”

A letter

A letter from Mr. Trye, of Gloucester, has the following paragraph, which he has obligingly given me his permission to insert here :

“ Four or five years ago I assisted the late  
 “ Mr. Justamond in removing the olecranon,  
 “ and two inches of the ulna, continued from  
 “ that process, in a man who had a diseased  
 “ elbow joint; and I have lately met with a  
 “ boy in whom an accident separated the os  
 “ humeri from its connexion with the bones of  
 “ the fore arm, and forced it, denuded of its  
 “ periosteum, through the integuments; I  
 “ sawed off two inches and a half of its length,  
 “ including the condyles. Both these cases  
 “ were completely successful.”

In a subsequent letter from Mr. Trye, in answer to my request that he would favour me with farther particulars of the former of these cases, he says, “ The patient, a man, had a  
 “ caries in the superior extremity of the ulna;  
 “ it was not purely scrophulous, nor were the  
 “ ligaments so much thickened or diseased as  
 “ we commonly find them when a white swelling has suppurated and ulcerated: the ole-  
 “ cranon, and two inches of the ulna, conti-  
 “ nued from it, were removed; to render the  
 “ separating the ulna from its connexion with  
 “ the



“ the os humeri more easy, a portion of the  
 “ olecranon was first chiseled off; the ulna,  
 “ cleared from the soft parts, was then sawed  
 “ through; the articular surface of the os hu-  
 “ meri was not taken off or scraped away;  
 “ the radius was as little meddled with as pos-  
 “ sible; nor was there more of the capsular  
 “ ligament extirpated than what necessarily  
 “ came away with the portion of ulna: so  
 “ that here the elbow joint was not removed,  
 “ but only the extremity of one of the bones  
 “ of which it is compounded. The man re-  
 “ covered without the least untoward symp-  
 “ tom, and had a very useful arm; the mo-  
 “ tions of flexion and extension, as you may  
 “ suppose, were almost lost, but he retained  
 “ the power of rotating the hand.”

The account given of my little pamphlet, in  
 the London Medical Journal, concludes with  
 saying, that, since its publication, the opera-  
 tion had been repeated with success, in the el-  
 bow, by an ingenious and enterprising surgeon  
 of one of the London hospitals. — *Query*, Is  
 not this the case I have just quoted of Mr.  
 Justamond\*? Be that as it may; though Mr.  
 Justamond's

\* Mr. Park is right in his conjecture: it was to the opera-  
 tion

Justamond's operation be not a complete extirpation of the joint, it is certainly one of not less merit, less difficult execution, or less happy in its consequences.

*Liverpool,*

November 5, 1789.

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IV. *Observations on the Use of Electricity in Deafness. Communicated in a Letter to Dr. Simmons by Mr. William Blizard, F. R. S. and S. A. Surgeon of the London Hospital.* V

**T**O the organs of sense we are indebted for all our knowledge of the objects that surround us. By them we are preserved from innumerable evils, and rendered capable of various delights. Every attempt, therefore, to preserve these important parts in a state of perfection, or to remedy their defects when impaired, must always be considered as interesting to mankind.

The causes of deafness, and means of relief, have not, I think, been duly considered. Per-

ration performed by Mr. Justamond that we alluded. See Vol. IV. of this work, page 282.—EDITOR.

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