ART. XXII.—Resection of the Humerus at the Shoulder-joint.

By W. I. Wheeler, F.R.C.S.I.; ex-President and Member of Council, Royal College of Surgeons, Ireland; M.D. and Master of Surgery, University of Dublin; Member of the King and Queen's College of Physicians; Fellow of the Academy of Medicine, and ex-President of the Surgical Section; Surgeon and Lecturer on Clinical and Operative Surgery to the City of Dublin Hospital.

The fact that in civil practice cases are comparatively so rarely encountered necessitating the operation of resection of the humerus at the scapulo-humeral joint, induces me to record the histories and results of the three most recent instances in which I performed this operation. The portions of bone removed in two of these cases have already been shown at meetings in the Royal College of Surgeons in Ireland. Now I exhibit both the patient upon whom I last operated and also the diseased structures removed by that operation. The records upon this subject in civil practice are indeed limited. In the fourth volume of the "National Encyclopaedia of Surgery" the accomplished writer states that only in a single instance during his experience was he obliged to resort to this particular operation.

The first case whose treatment I shall detail was admitted under my care into the City of Dublin Hospital in October, 1881.

* Read before the Surgical Section of the Academy of Medicine in Ireland, on Friday, March 20, 1885.
Resection of the Humerus at the Shoulder-joint.

Case I.—A female, aged thirty-seven years, having disease of her right shoulder-joint. The record of her case states that two years previously, when milking, she was knocked down by a kick, and her shoulder severely hurt; it was greatly swollen after the accident, and various remedies were applied to reduce existing inflammation and swelling, which, however, never completely disappeared; in about a year after the first injury she received a blow on the same shoulder, the swelling increased almost equally in extent to that resulting from the original injury, and within a year from this period an abscess formed, which, having broke, was discharging at the time of her admission to hospital.

There was no difficulty in diagnosticating the nature and extent of the disease. A probe could, with facility, be passed through the opening before referred to, whereby the extent of the carious condition was ascertainable, engaging both the head of the bone and the rim of the glenoid cavity. The operation of resection having been decided upon, I made an incision, commencing a little to the outer side of the coracoid process, and cut downwards and outwards for about five inches between the fibres of the deltoid muscle, and in the line of the bicipital groove. The long head of the biceps muscle was held to one side by an assistant. The capsular ligament was freely divided; the tuberosities of the humerus were rotated into the wound, the muscles attached to the greater divided, and the subscapularis, inserted into the smaller, severed; the head of the bone was next protruded, and the diseased portion, which extended to a little below the anatomical neck, was removed by means of Mr. Butcher's saw. The diseased rim of the glenoid cavity was cut off with a cutting forceps suitable to the purpose. After haemorrhage had been arrested, which was very trivial, a drainage tube was inserted, one end passing through an opening made at the posterior and inner side of the arm. The wound was brought together by points of interrupted suture. The arm was supported on a pad somewhat resembling Stromeyer's cushion, and water-dressing was applied over the wound.

This treatment resulted in a rapid cure, the patient leaving the hospital completely recovered in December, 1881, five weeks after the operation had been performed, the wound having healed nine days previous to her discharge. I had an opportunity of seeing this woman five months after she left hospital. She had a most useful arm, and the overhand motions were not very deficient, considering the short time that elapsed since she had been operated on. I am since informed that all the motions have steadily improved.

Case II.—A male, aged forty, admitted in March, 1882, suffering from caries of his left shoulder joint. The record of his case attributes the disease to the swing bar of a plough falling on his shoulder, which