REPORT ON A CASE OF NECROSIS OF THE FEMUR, FOR WHICH SEQUESTROTOMY WAS PERFORMED.

By Major C. E. G. Stalkartt.
Royal Army Medical Corps.

No. 9816 Corporal A. A. Fowler, Army Service Corps, was admitted to the Royal Infirmary, Dublin, on July 1st, 1902, for necrosis of the left femur.

History.—The patient, whose age was 32 years, and service eleven years and four months, stated that he went to South Africa on November 1st, 1899, and was quite well there until June, 1901, when, owing to some inflammatory condition about his chin, he was sent from Burghersdorp to No. 1 General Hospital at Wynberg, and that while in hospital there pain in his left thigh came on. He was discharged from hospital, but the pain got worse in his thigh, and he was admitted to No. 5 General Hospital at Wynberg, where he remained for about two months, the trouble in his thigh continuing to grow worse all the time, until in September, 1901, he was invalided home (for rheumatism). His condition improved on the voyage, and after landing in England he was sent to Cambridge Hospital, where he remained for about one month, and then proceeded on sick furlough for three months. At the expiry of his furlough (during which he had no medical treatment) he rejoined his unit at Dublin on January 10th, 1902, and continued doing his duty until July 1st, 1902, on which date, after presenting himself for examination as to his fitness to re-engage, he was found "unfit for service," and was admitted to the Royal Infirmary for necrosis of the left femur.

His family history was good, and no history of specific disease or of tubercle could be elicited, but he is said to have had a mild attack of typhoid fever in December, 1896. On admission to the Royal Infirmary his condition was as follows, viz., the left thigh was much thickened, the enlargement involving its upper two-thirds; two sinuses exuding a purulent discharge existed on the postero-external aspect of the thigh, one opening being 4 inches and the other 6½ inches above a line drawn round the thigh at the level of the upper margin of the patella.

**CIRCUMFERENCE OF THIGHS.**

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Probes passed into the sinuses took an upward and outward direction for some inches in the soft tissues of the thigh, then entering cloaca in the bone, finally reached the central cavity of the femur, where dead bone could be felt.

The patient was very anxious to be operated on, though warned
that convalescence would, at best, be very protracted after the requisite operation. On July 11th, 1902, the operation of sequestrotomy was done under ether. The limb having been rendered bloodless (by means of an elastic bandage and a tourniquet applied above it), a vertical incision 6 inches long was made through the soft tissues over the site of the sinuses and extending upwards on the limb; the bone was freely exposed and found to be much thickened and indurated, with a roughened surface and riddled by several cloacæ. The eburnated bone was with difficulty chiselled and gauged away longitudinally between the cloacæ for 3 inches and the central cavity exposed. Several long sequestra were removed from the interior of the shaft of the femur, together with much bone débris and ill-formed granulation tissue. The central cavity, which extended both up and down the shaft for some distance, was thoroughly scraped out and irrigated with hot antiseptic lotion, and the whole wound subsequently tightly packed with sterilised gauze and firmly bandaged up before removing the tourniquet.

The immediate result of the operation was a fall in the evening temperature, which had previously been of a hectic type. The after-progress of the case was of necessity very slow, tedious and protracted; repair of the bone and the closing of the wound in the softer tissues took place very gradually. The patient remained in hospital for nearly three months, towards the latter part of which symptoms of fresh trouble in the upper third of the femur began to develop. The patient was very loth to undergo any further operative treatment, and having been invalided out of the Service, at his own very urgent and repeated requests he was discharged from the Royal Infirmary on September 26th, 1902.

It was ascertained that the patient applied at the Meath Hospital for further treatment and is still under advice there. I was indebted to Civil Surgeon Meldon for kind assistance at the operation.

AN INSTANCE OF TRICUSPID REGURGITATION.

By Captain J. H. P. Graham.

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Tricuspid insufficiency due to organic lesions is regarded as one of the rarer forms of valvular heart disease, particularly so when such lesions are due to a chronic sclerotic process rather than consequent on an acute endocarditis; even when due to functional disturbance it is generally considered to be of infrequent occurrence.

Speaking of the functional disorder, Gibson, however, dissents from this view, and says that "it is incomparably the most common of valvular lesions." He supports his contention by saying that as the condition does not seriously impair the circulation it usually escapes observation unless especially looked for.