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ACUTE SUPPURATION OF THE
KNEE-JOINT TREATED BY
CONTINUED IRRIGATION.

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Acute suppuration of a joint, as a result of injury, is becoming a less frequent surgical possibility. An improved method of treating wounds, a more exact acquaintance with the inflammatory process, and, above all, a fuller knowledge of the disposition of serous membranes, have all tended to make this condition comparatively uncommon. Some fifteen years ago it is probable that there were very few large accident wards that could not have provided an example of a joint in a state of acute suppuration. Although the condition is less frequent in occurrence, it is hardly less serious in result, especially where a large articulation is involved, and the inflammation is vigorously established. There may be no great risk to life or even to limb, but there is a prospect of long-continued trouble, and of a joint recovering with much impaired functions.

In the present paper I have described a mode of treatment which had long appeared to me the best adapted theoretically to a large joint acutely inflamed and full of pus, but it was not until recently that I have had opportunities of carrying the theory into practice.

A school boy, aged 16, was admitted into the London Hospital under my care, on April 16, 1886, with hydrops articulari.

The lad was well developed and in good health. There was no suggestion of scrofula nor of hereditary syphilis. The joints presented the following conditions. The right knee was greatly distended with fluid. The whole synovial sac was demonstrated. The patella dimpled the swelling, and the ligamentum patellæ formed a groove in it. The swelling extended four finger's breadth above the knee-cap, and the greatest circumference of the knee was fifteen inches and a half. The articulation was free from pain, tenderness, or thickening. The left knee was in the same condition, but the effusion into the joint was more extensive. The swelling reached five inches above the patella, and the joint measured sixteen inches in circumference. Both ankle-joints were distended with fluid, the effusion in each instance being more obvious on the outer and anterior aspects. There was hydrops of the left elbow, the distended synovial membrane forming a conspicuous projection about the olecranon. All the affected joints were free from pain and tenderness. The patient only complained of feeling tired in the legs if he walked far—if he walked over three miles. His gait was awkward and rolling, but he was not lame. His general muscular condition was fair. No enlarged glands were to be found in any part of the body. The temperature was normal.

The following was the patient's history of himself. He had always lived in Essex, and had enjoyed good health. His father was a little liable to rheumatism in the winter, but, apart from this, there was nothing to note in his family history. In September, 1882, he had rheumatic fever; all his joints were swollen and painful, and he was confined to bed five weeks. In the early part of 1883 he noticed that his right knee was swollen. The swelling increased slowly and painlessly. By June, 1883, the joint had become so large that he sought advice. He was kept in bed nine weeks with the leg on a splint. At the end of this time he wore a Martin's elastic bandage, but the knee had not exhibited any marked improvement. The swelling in the left knee was not noticed until 1885, and the patient was unaware of swelling in other joints.