

TRAUMATIC SYNOVITIS.

BY

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It is a well known fact among the laity that morphine relieves pain, but very few among them understand its physiology or physiological action, or methods of administration, and so the medical man who in dealing with a case does not fully understand how, why and when to apply his treatment is little better off than his lay brother. I shall therefore in this paper try to deal with a few points in a thorough manner rather than with a mass of theoretical matter which is not capable of practical application.

This subject was suggested to me partly by seeing the large number of cases at the Montreal General Hospital during the icy period of last winter: partly by the recollection of a case which occurred during my High School Course, of which I was fortunate enough to be a witness to the injury, the method of treatment—in so far as I remember it—and the ultimate recovery. It was as follows:—One day at school one of my companions, a lad of 18 or 20, while practising the “hitch kick” gave his knee a severe twist, the whole weight of his body being upon the foot which landed first upon the floor. The pain was sudden and intense, the knee began to swell rapidly; it was with difficulty he was able to walk home where he at once took to bed. Next day on seeing him I found the knee hot, painful and swollen to such an extent that the knee-cap was floating. A physician was called in, the injured member was put at rest, the joint freely painted with iodine, then bandaged and after some three weeks in bed the patient was able to be about again, though the joint remained weak for some time necessitating his wearing an elastic stocking for about two years, after which period the joint was as strong as before.

This is a fairly typical case and serves to illustrate how a trifling injury to a joint like the knee, may incapacitate the unfortunate victim of it for a long period.

In looking over the reports of such cases for the past two years at the General and Royal Victoria Hospitals, I find the predisposing causes in nearly 50 per cent. of cases to be due to blows on or about the joint, over 30 per cent. to be due to falls and the remainder to twists, strains, etc.

In acute cases the symptoms are those of an ordinary inflammation,