

destructive. Hence, let the articular surfaces of the joint be bereft of their cartilages, a sinus or two be formed around it, and the health of the patient show symptoms of exhaustion, and the joint, and probably the whole limb is doomed to amputation."

Mr. Gay's observations are directed to diseased joints, in which, from some general or internal cause, the structures thereof have become affected, and inflammation and its consequences are the result; mine will be confined to the consequences of an external wound, and where the peculiar diathesis giving rise to the complicated and often incurable change of structure in what is usually termed diseased joints, is not to be looked for, and by the absence of which the ultimate result of the cases will be materially affected.

In this country, where the use of carpenter's and cooper's tools are universal in the new settlement, penetrating wounds of the knee joint are of frequent occurrence. They are often so slight as to excite little notice at the time; a bloody rag or a leaf of tobacco is applied, and the man will go about his work as if nothing had happened; in a week or ten days inflammatory symptoms will come on, but the hope that a few days rest will produce a cure, the difficulty of obtaining medical advice from a distance, and the state of the roads lead to the *vis medicatrix naturæ* being taxed to the utmost extent. I have met with a number of such cases where the preventing of inflammation was out of the question, and my attention could only be directed to the moderating of that already set up, lessening its effects on the constitution, and watching the course of nature in remedying the injury.

The pain in the joint and the constitutional suffering are always excessive; the joint and even the whole limb are often much distended and tender to the touch; the least motion of them, or even of the body, can scarcely be borne, the patient being often in dread of any one touching the bed or even walking across the floor. In the cases that I have seen at an early period, I have seldom found symptoms of acute phlegmenous inflammation; or the patients in such a state that free general or local bleeding could be borne, and the marks of incipient suppuration would soon show themselves.

The wound is generally found to be small, occasionally entirely closed; at others with its edges angry looking and discharging synovia that soon becomes mixed with pus globules. Fluctuation in the joint becomes distinct—the fluid distending the Bursæ, particularly the upper one, and pressure of the flat hand over it will be conveyed to every point of the joint. A free discharge of synovia mixed with pus, at last takes place, either from the original wound, or from an abscess about the lower part of the joint—with this the distention of the joint, the pain