

Except in recent injuries, the application of cold is rarely demanded, but if resorted to, it should be efficiently applied in the form of ice bags, for which purpose one part of the joint may be relieved from the bandage and exposed to the action of that remedy.

The position of the affected joint should be such in which the patient is most comfortable and at rest. It is chiefly governed, however, by the tendency of certain muscles to contract, and therefore, should at once be placed in an antagonistic position. If you remember that portion of our discourse in which I referred to muscular contraction, you will know to choose the position which is most appropriate. In adopting the same, muscular contractions and malpositions will thus be obviated. Some surgeons advise to give the extremity such an angle as will be most conducive to its usefulness. We have nothing to do with that object at this juncture; our object is to relieve the disease and thus preserve the entire usefulness of the joint; their advice is in place when the joint is about anchylosing. The straight position of the elbow joint gives more relief than the flexed one, irrespective to the fact that the latter favours the contraction of the biceps and brachialis. And a straight limb bears more vertical weight than a bent one, and may be used to greater advantage in locomotion.

The same treatment holds good in perforating wounds of the joints, with the additional rule that the wound be carefully cleaned, its margins properly approximated and united. In this way I have seen many an incised and punctured wound close by first intention, without any inconvenience whatsoever. Different is it with torn and contused wounds, where the first intention is but exceptional, and suppuration the rule. Immobility and proper position of the joint, are likewise the chief indications here, and should be scrupulously observed, but the dressing should circumvent the wound and leave it accessible to local treatment.

In using dextrine, starch and plaster of Paris bandages, that part in the neighbourhood of the wound should be protected by a coating of varnish so as to render it unimpregnable to the discharge.

I rather prefer to secure the immobility of the joint by wire and metallic splints (tin or sheet iron) inasmuch as they will permit the use of permanent bath, which I consider invaluable in the treatment of such wounds. We owe the introduction of this remedy to B. Langenbeck, to whom surgery is indebted for many and valuable improvements. If suppuration of the joint ensues, you will do the most for the recovery of your patient by giving free vent to the discharge, and by keeping the suppurating surface in a very clean condition. By these means, and eventually by free incisions into the articular cavity, I have saved many a patient.