

duction of scar tissue which may extend, may or may not undergo cystoid or other degeneration with serious remote effects.

7. In the absence of localizing or other definite symptoms, to indicate the nature of the lesion, the character of the accident and the manner in which the force is applied is of great value in reaching a conclusion as to the probable nature of injury to the brain—*Jour. A. M. A.*

### **THE TREATMENT OF TRAUMATIC INFLAMMATIONS OF THE JOINTS.**

A time-honoured procedure in the management of the traumatic synovitis, is to place the joint at rest. Strict immobilization, with the use of hot fomentations, is the accepted method of treatment. As soon as the pain subsides the patient is commonly allowed to get about; if there is much fluid in the joint it is slowly absorbed away, and there is usually more or less thickening of the peri-articular structures with the formation of bands of adhesion in the joint, seriously interfering with its motion. A joint in the condition here described is subject to subacute exacerbation, brought on by slight strains or twists, which would be absolutely unnoticed in a healthy joint, and which are accompanied by an increase in the fluid and some exaggeration in pain. These subside with rest, and the patient again gets about, to have the process repeated in endless succession. Stimulating linaments, anti-rheumatics and other applications are employed in vain, until in sheer desperation the physician puts the patient to bed and again immobilizes the joint for a period of two or three weeks. This is followed by improvement, but later on with the inevitable relapse. In young persons, and those whose circulation is good, as time passes and there is a vigorous effort to resume the use of the limb, there is greater improvement, followed by ultimate recovery. That this is due more to the persistence of the patient and a determined effort to use the limb, rather than under the advice and treatment of the physician, is apparent to one who carefully studies the history of one of these cases. The error in the treatment of a joint by rest has, we think, come about in two ways: First, the improvement and cure which sometimes results in tubercular and other infected joints by rest, and the improvement which is noted in traumatic non-infected joints by brief period of rest. This latter has undoubtedly led physicians to employ rest, thinking that, if a joint was improved by a few days' rest, that it would only be necessary to continue long enough to have a perfect cure. The later theories regarding the treatment of such