

Original Communications.

Observations on Incised and Penetrating Wounds of the Knee-Joint. A paper read before the District of Bedford Medical Society, January 1878. By A. D. STEVENS, M.D., Dunham, Que.

MR. PRESIDENT AND GENTLEMEN:—About a year and a half ago, possibly two years, I promised our worthy president that I would read a paper before this Association at the then approaching meeting. My time was limited, but I wrote and expected to be present to read the following, but, for unavoidable reasons, have not been able to attend since, and consequently could not do so. My subject is, or rather was Incised and Penetrating Wounds of the Knee-joint, with three cases as illustrations. With your consent, gentlemen, I will now read what I then hastily prepared.

It is no secret that the profession have for a long time considered wounds of the joints to be accidents of a very grave character, particularly when the larger ones were injured. The inflammation that is so likely to be set up, causes not only much suffering to the patient during the acute stage, but, under the best care, too often, we are told, results in serious injury to the synovial membrane, the cartilages, the bones, or to all of them. In fact, the first limb I ever saw amputated (while yet a student) was in the case of a young man, otherwise apparently healthy, but who had extensive change of structure of the knee-joint, as a result of inflammation.

It would seem out of place to repeat here what we have all long ago learned, either in the lecture room or from surgical works, of the pathology and symptoms of synovitis, as well as its causes. Permit me, then, to limit my remarks to a consideration of the *treatment* of penetrating wounds of the joints, as we generally meet them in the country. In the meantime, I might add that, while I would not fail, as a precautionary measure, to inform both patient and friends of the very serious consequences that *might* happen, I do not entertain the feelings of alarm, as to results, that some persons seem to hold, provided the subject be of the type ordinarily found in an agricultural community like our own, and perfect, absolute rest of the joint

can be secured. Indeed, so far as the three cases which I am about to give an account of are concerned, it has seemed to me that perfect, unflinching rest of the joints was of infinitely more importance than all the medication used. Of such importance do I consider the fixing of the joint, that I would venture the opinion that where it can be satisfactorily carried out, the great majority of wounds, of even the knee-joint, especially if incised, will terminate without untoward results; and, though inflammation should supervene, and the cavity fill with pus, if positive rest of the joint is secured, it does not follow that you will get degeneration of the tissues, involving either excision, ankylosis, or, in fact, any impairment whatever of the usefulness of the joint. But the great trouble I have had to contend with, in treating these cases, has been in getting the patients and friends to properly realize the extreme necessity of that uninterrupted repose just alluded to and in securing their assistance in carrying it out. The pain, no doubt is excruciating, but it will, in any stage or condition of the joint, be very much mitigated by rest.

Then, again, we have heard a great deal about the danger of making incisions into the joints, and thereby admitting air into their cavities, but, so far as my observation extends, the danger is far less than some suppose. At any rate, had there not been a free opening made by a sharp instrument in these cases of mine, I should not have hesitated, on the appearance of pus, to have made one for its exit, whether I was fortunate enough to possess an aspirator or not. In large and overcrowded hospitals, the entrance of air into the cavity of a joint may possibly be productive of much mischief, but, in the pure air of our Townships, I cannot think its admission of very much account, at all events ordinarily.

In making these observations, the thought has suggested itself to ask the question why the serous and fibrous tissues of the joints, when inflamed, should not terminate as favorably when rest is obtained, as the same tissues in other parts of the body, where that condition is fulfilled by attachments or relations with other organs or parts, and without mechanical aid? If these tissues are attacked by inflammation in certain parts of the system we do not shake our heads in reference to the future, but "pur-