

like the knee, has once taken place, the formation of ankylosis can seldom be prevented, and in most cases our endeavours are to bring this about. A free incision into the joint will completely relieve the distention, and lessen the local and constitutional irritation, nor will it in any degree interfere with the slight chance of resolution and the preservation of the motion of the joint, as this depends, in all cases, on the extent of the inflammation and suppuration, and not the size of the opening into the joint.

The repeated application of blisters around the joint is most beneficial; they may be commenced so soon as the first inflammatory symptoms subside, and be repeated once or twice a week afterwards, irrespective of any abscess that may continue to discharge.

The constitutional symptoms must be treated on general principles; but towards the latter stage of the disease a free use of quinine and iron will often be necessary.

A small low bed with a firm bottom and mattress must be provided for patients with such an affection of the knee joint. Any apparatus for fixing the limb is out of question; when once inflammation has set in, a single splint under the limb cannot be borne—it must then be placed on a firm pillow, and kept as straight as possible, which will be the more easily done, as this is generally the easiest position.

Instead of amputation or the operation of resection for diseased joints, the plan Mr. Gay recommends, is “free and deep incisions made along each side of a joint, so as to lay open its cavity freely, and to allow of any discharges being by any possibility retained within its cavity. They should be made of such a length, and so treated, that they do not heal in the form of sinuses. They should be made, if possible, one on either side of the joint, and in the direction of the long axis of the limb. They should extend into the abscesses in the soft parts so as to lay them open. If sinuses exist, the incisions should be carried through them, if this can be done without departing from a slight curve. If either of the bones be carious or necrosed, the incisions should be carried deeply into such bones, so as to allow the dead particles of the bones to escape. Ligaments which stand in the way of a free discharge from the joint should be cut through. Of course important vessels should be avoided. The wounds should be kept open by pledgets of lint, and free suppuration encouraged.

The constitutional powers have, in each case, rallied immediately after the operation; and the discharges from the joint have altered in character and become healthy, which they in general do in the course of two or three weeks, these become invigorated and improve with the improving joint.”