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TREATMENT OF THE TUBERCULOUS PROCESS AS FOUND IN JOINTS.*

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Mr. President and Gentlemen, — I shall alter somewhat the title of my paper as it appears upon your list, and shall address you very briefly upon the "Treatment of the Tuberculous Process as Found in Joints." Upon the invitation of the President to read a paper before this Association, I have selected this subject, not with the expectation of establishing any new tenets, nor of arraigning any orthodox ideas, but simply in the hope of exciting a discussion upon a subject which I believe to be of very great interest, not only to the surgeon but to the general practitioner. I am aware that there are certain definite principles of treatment, in more advanced cases, which are pretty universally accepted. Yet it is in the treatment of surgical tuberculosis in its earlier stages that the young surgeon encounters the gravest difficulties, and I am sure there are others present who, like myself, have been perplexed by the great diversity of opinion expressed by leaders of surgical thought in the discussion of the subject.

With your permission I will very shortly review the more salient points in the pathological process of the disease, as a knowledge of this is of course essential to the proper treatment of the condition.

Tuberculous disease of joints occurs most frequently in children of say from 3 to 9 years of age, and in growing youths, as in early life rapid tissue

transformations are going on in and around joints, and here the tortuous and multiplied capillary system affords excellent opportunity for the lodgment, and a rich field for the development of tubercle. Prior to puberty, the tuberculous process begins more frequently in the cancellous tissue of the ends of bones. After that period its starting point is probably more frequently the synovia. In the former case it is (a) central, or (b) perhaps more rarely peripheral.

On the synovia, or in the cancellous tissue may be seen the tubercles more or less discrete; in other words, the foreign infectious particles which give rise to the inflammatory process.

Should the process begin in the synovia, the membrane assumes an appearance of increased vascularity and thickening, spreading out laterally in tufts between the cartilages, whose substance they gradually invade, projecting their processes into the cartilaginous structure (as Bilroth says, like the tendrils of the vine into the parent tree). These projecting processes of synovia gradually honey-comb and destroy the cartilage, and thus work their way onward into the cancellous tissue of the articular end of the bone, leading to a condition of carious destruction.

When the disease begins in the bone the inflammatory process extends into and destroys the cartilage, or the cartilages may become completely detached or removed by absorption or degeneration.

The products of the inflammatory process (a) may be so devoid of vitality that a retrograde change begins, ending in caseous or carious degeneration and rapid generalization of the disease, the patient dying of tubercular meningitis, or phthisis, or leading to chronic sinuses which undermine the health; or, on the other hand (b), the process may be arrested by its enclosure in a firm tissue-wall, the result of the inflammation itself.

What I would more particularly wish to hear discussed, however, by the members of this section, and what I am sure would be more interesting to the greater number of those present, is the treatment to be adopted in these disagreeable cases. And here I fancy every one must have an experience peculiar to himself. When men of such undoubted repute as Mr. Croft and Mr. Barker, on the one hand, and Howard Marsh on the other, can deduce from an identical series of cases

* Read before the Ontario Medical Association, June, '91.