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Two Cases of Excision of the Knee Joint. By GEORGE E. FENWICK, M.D., one of the Governors of the College of Physicians and Surgeons, C.E.; Physician to the Montreal General Hospital, &c.

IN the present day, Conservative Surgery has so far advanced, that the surgeon does not consider himself justified in sacrificing one inch of substance unattacked by disease, and, where a fair probability exists of the part becoming of some use to his patient. Considerable difference of opinion exists among surgeons, as to the advisability of excision as applied to the knee joint; the formidable nature of the procedure, the high rate of mortality, shock to the system, the chances of a useless limb, and the time required before a perfect cure is obtained, are all reasons which have been urged against the operation. Excision of the knee joint is more formidable in appearance than in reality; it certainly is not more so than amputation. The removal of a limb is always a cause of great anxiety to both surgeon and patient, the results not being more promising in the one than in the other; provided always, that in excision, the case is carefully selected, and that by delay, the bony structures are not found in such a state of disease, as to preclude the possibility of cure. Excision is not to be practised as a last resource, as is frequently the case in amputation; and I think, the success of the operation of excision of the knee joint, will be found to depend mainly on its early performance. Surgeons are fully alive to the unsatisfactory nature of synovitis affecting the knee joint; the attacks are frequent in their recurrence—each one leading to further mischief. From the synovial membrane the disease extends to the other structures, the ligaments, cartilages and bones, become altered in structure and appearance, and the disease steadily advances. These changes are by no means rapid in their advance. Years may elapse from the commencement up