

SURGERY.

IN CHARGE OF

GEO. A. BINGHAM, M.B.,

Surgeon Out-door Department Toronto General Hospital; Surgeon to the
Hospital for Sick Children. 68 Isabella Street.

INJURIES OF BONES INTO JOINT CAVITIES.

BY STEWART L. M'CURDY, A.M., M.D., PITTSBURG, PA.

Compound fractures of bone into joint cavities or compound dislocations, if given thorough treatment at the time of the accident, are almost as promising as simple fractures into joints.

In some cases, indeed, it is an advantage to have the joint open, so that the serum in abnormal quantities, blood clots, fragments of bone, injured cartilages, as in the knee, may be removed.

In the treatment of fractured patella, it is now the practice to remove the synovia between the fragments by aspiration or to make an opening below the patella to allow the fluid to escape.

Compound dislocations and compound fractures into joints, if they are treated without suppuration, generally recover with functionally useful joints. Suppuration following such injuries, on the other hand, destroys the synovial membrane and limitation of motion must be expected. Some cases recover with true ankylosis or bony union, and others recover with firm fibrinous or false ankylosis. The latter class of cases can generally be improved by passive motion.

Passive motion should not be instituted until all inflammatory symptoms have subsided and sufficient time has elapsed to insure firm bony union. In other words, passive motion should be discarded and *brisement force* should be adopted. It is criminal meddlesomeness to practice passive motion as we are told to do in the majority of text-books.

This has been my practice for years.

At the last meeting of the American Orthopedic Association, Dr. Ansel G. Cook, of Hartford, Conn., discusses this subject at length, and summarises by saying:

1. That bony or serious fibrous ankylosis is the result of injury and subsequent inflammation and not of immobilization.

2. That early passive motion only disarranges the fragments of bone, thereby increasing the production of callus; that it irritates the injured ligaments, and by increasing the inflammation, tends to produce the ankylosis it is thought to prevent.

3. Immobilization is useful only when active inflammation is present, or until the ruptured ligaments or broken bones have thoroughly united.

4. The logical treatment of a fracture into a joint, therefore, should be rest and local applications to reduce inflammation; reduction of the frac-