# SURGERY.

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#### DIAGNOSIS AND TREATMENT TUBERCULAR ARTHRITIS.

J. K. Young (Therapeutic Gazette, June, 1902) discusses this important subject. There are certain etiological facts connected with tubercular arthritis in whatever joint which are valuable in arriving at a diagnosis. Eighty per cent. of cases occur before adult life. Males are more frequently affected than females. There is undoubtedly often a hereditary tendency. Some of the signs which stand out prominently are spasm, pain, atrophy and night cries. Too little attention is paid to early fixation of a joint by muscular spasm. Sooner or later it is followed by atrophy of the contracted muscles. The pain which accompanies tubercular arthritis is sometimes referred to the peripheral distribution of the nerves. Thus in spine disease the pain is referred to the anterior portion of the body, and in hip disease to the inner side of the knee. The occurrence of night cries is characteristic of the second stage of tuberculous disease. They are significant of the extension of the disease to other portions of the joint, especially ulceration of the cartilage.

Tubercular arthritis must be differentiated from numerous other diseases of joints. The differential between arthritis, say of the knee joint, and of synovitis, the disease with which it is most frequently confounded, brings

out the points given above.

# NON-TUBERCULAR CHRONIC SYNOVITIS.

- Marked effusion, capsule thickened.
   Joint outline enlarged and obliterated.
- Motion nearly normal.
   Reflex muscular spasm absent.
- 5. No atrophy.
- 6. Pain absent, 7. Limp absent.
- 8. Night cries absent.
  9. Relation of femur and tibia normal.

## CHRONIC'. TUBERCULAR ARTHRITIS.

- 1. No fluctuation, capsule not thick-Joint outline clear and distinct.
   Motion limited.
- 4. Reflex mascular spasm present.
- 5. Marked atrophy. 6. Pain acute on motion.
- Limp present.
   Night cries present.
- 9. Tibia subluxated.

arthritis should be differentiated from Tubercular specific arthritis. The symptoms just given of non-tubercular