

PROGNOSIS AND TREATMENT.

In the first form of infective arthritis which I have mentioned, that, namely, which consists of a transient synovitis, attended with limited effusion, prognosis is favorable. The arthritis soon subsides, often in the course of four or five days, and the joints completely recover. A suitable splint and warm fomentations will be the only treatment required.

In Group 2, in which the joint cavities contain fluid, the treatment imperatively called for is clear. It is the same as that which should be employed in gonococcal infection. The fluid must at once be removed and the joint freely irrigated, either with carbolic lotion, 1 in 100, or with mercurial solution, of which, perhaps, the best form is biniodide, 1 in 1,000. To evacuate the fluid, a full-sized hydrocele trocar and cannula may be used, and irrigation can be readily performed through the cannula; or the joint may be opened by an incision at the side of the patella. If the fluid proved to be already purulent, the joint must be freely opened and the finger inserted to break down any adhesions which may have formed, and behind which pus might be imprisoned, and then thorough and copious irrigation must be carried out. The immediate improvement and complete recovery observed in Mr. Page's cases after evacuation and irrigation was very striking, and it has its parallel in what, I think, many surgeons will have observed in cases of pyemia, namely, that when a joint has become extended with pus, if it is freely opened and copiously irrigated, it may forthwith undergo a startling improvement, and, if the patient survives, may completely recover and retain absolutely free movement.

In the third or plastic form, prognosis is distinctly unfavorable. The arthritis tends, as I have said, to extend over a considerable period. A large amount of new fibrous tissue is developed both between the articular surfaces and in the periarthritic tissues, and the joint is converted into a massive scar, so that firm fibrous ankylosis, which may subsequently become bony, results. This strong tendency towards ankylosis is, I think, one of the especial characteristics of infective arthritis; nor are any means at present known by which it can be prevented. As to treatment, the best that can be done is to keep the joint for the time being at complete rest; indeed, the pain is such that no alternative can be thought of. Warm boric or opiate fomentations are required during the most acute stage, but when swelling and heat have somewhat subsided a succession of small blisters will alike relieve pain and promote absorption. Later still, massage will be required to remove the brawny edema of the soft parts.