

**CONTRIBUTIONS TO THE  
SURGERY OF DISEASED JOINTS,  
WITH ESPECIAL REFERENCE TO  
THE OPERATION OF EXCISION.  
NO. 1- THE KNEE**

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Excision. No. 1- The knee by P. C. Price

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**P. C. PRICE**

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No. 1.—THE KNEE.

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Illustrated with Engravings on Wood.

BY  
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## PREFACE.

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THE accompanying pages consist of a reprint of a few Essays which, during the past two years, have appeared in the columns of the *Lancet* and *Medical Times and Gazette*. They are collected and published in a separate form, with the hope that the facts therein enumerated may prove of some value to those Surgeons who take an interest in the treatment of Diseased Conditions of the Knee-joint, by the operation of Excision.

7, GREEN STREET, GEORVENOR SQUARE, •

May, 1859.

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OBSERVATIONS ON THE TREATMENT OF STRUMOUS DISEASES OF THE KNEE-JOINT BY THE OPERATION OF EXCISIONS.

In a paper which I had the honour of communicating to the Medical Society of London, at the commencement of the year 1857, I endeavoured to attract more general attention to the operation of removal of the knee-joint, and to point out some features of interest connected with various forms of disease of the articulation which, with advantage to the patient, and to the credit of surgery, could be removed with comparatively slight mutilation of the body.

The observations I then offered were essentially of a practical character, and were advanced with the view of destroying prejudices held by many, whose concurrence was needed to enable a more general acceptance of the operation, and to curtail (in the words of the younger Moreau) "that destructive routine of ordinary practice, that cuts off a limb, as it were, by storm, which, by an operation wisely bold, might have been saved." Those diseases commencing in the synovial membrane, and subsequently involving cartilaginous, fibrous, and bony structures, were shown to be frequently well adapted to the operation, provided there existed no very acute symptoms, or any decided constitutional diathesis.

But there presents a class of cases, unfortunately of common occurrence, in which removal of the articulation on many occasions, becomes questionable. I allude, particularly, to those instances in which great destruction of osseous texture accompanies or precedes the mischief immediately affecting the joint. It is well known that this articulation may become involved in various ways. The

disturbance may originate in the tissues external to the joint, and subsequently affect its integrity; or may primarily obtain a footing in the synovial, cartilaginous, or fibrous structures; or, lastly, commence in the cancellous network of the ends of the bones entering into the formation of the joint. It is my intention to confine my remarks to some of those affections which primarily involve the spongy structure of the extremities of the tibia and femur, and, secondarily, include the joint; or which, having originated in the interior of the articulation, subsequently affect to a considerable extent the bony structure. In by far the larger proportion of diseases of the knee-joint which have fallen under my own observation, the mischief has apparently originated in the synovial membrane; and this would appear from general experience to be the most common *locale* for its commencement. Inflammation, however, of a specific form not unfrequently attacks the spongy structure of long bones, and such inflammatory changes are characterised by symptoms which strongly indicate a scrofulous or tuberculous habit of body, and exhibit a local manifestation of the disease. Of late years many excellent pathologists have shown that this form of disease is by no means of uncommon occurrence, appearing especially in the children of the poor, who, for the most part, are ill-nourished and delicate, inheriting, perchance, a specific disposition from their parents, which the more readily encourages the outbreak of the disease. This morbid affection, however, is by no means peculiar to children, and I am inclined to believe that the joints of adults are more frequently destroyed in this way than is generally imagined. As far as I am aware, no surgeon, whose name is associated with removal of the knee articulation, has offered any special comments upon the pathology of this affection, as elucidating and illustrating features of interest in connexion with the operation; and it may not, therefore, be devoid of advantage to inquire how far instances of this disease are amenable to the great conservative proceeding. It is, perhaps, of little

moment, in considering the question, to determine whether, in the majority of cases, the disturbance primarily commences in the spongy texture, or secondarily implicates that structure; neither is it of importance to discuss the exact analogy of strumous deposit in bone to genuine tubercle, as the interest of the subject may be better consulted by considering the disease under the character of a morbid material which partakes more or less of the nature of struma as developed in other localities of the body.\*

The infiltration of the spongy structure of bone by this strumous material may be of two distinct kinds, *circumscribed* and *diffuse*; and it is all-important that these varieties be duly understood by the surgeon who lends encouragement to the modern proceeding of excision.

Firstly, with regard to the *diffuse* variety. The morbid process is ushered in by a general low inflammatory state of the open network of the bone, the surface so affected appearing congested, and of a dark red colour, owing to the medulla contained in the bony cells being mixed with blood. This condition may sometimes be recognised by the increase of temperature about the parts so involved, and by a sensation which, if not amounting to absolute pain, is sufficient to attract not only the fears of the patient, but the attention of the surgeon. Both these symptoms may obtain in degree according to circumstances; and I have noticed, on several occasions, that the disposition to annoyance is more marked in patients of a plethoric habit of body than in those who labour under a more sallow and cachectic disposition.

If this condition into which the affected parts have fallen be recognised, it is not impossible, by judicious treatment, to arrest the further development of the disease; but should it continue, organic changes soon follow, which rapidly involve the integrity of different structures. When this inflammatory condition is well established, the cells of the bony structure

\* In the current numbers of the *Edinburgh Medical Journal* for 1859, will be found some able Essays upon "The Pathology of Tuberculous Bone," by Dr. Cornelius Black.