

**SEPTIC ARTHRITIS:
THE BRADSHAW
LECTURE**

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Septic arthritis: The Bradshaw Lecture by Howard Marsh

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HOWARD MARSH

**SEPTIC ARTHRITIS:
THE BRADSHAW
LECTURE**

SEPTIC ARTHRITIS

The Bradshaw Lecture

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS
OF ENGLAND ON DECEMBER 10, 1902

BY

HOWARD MARSH, F.R.C.S. 1839-1915.

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THE
BRADSHAW LECTURE

MR. PRESIDENT, LADIES AND GENTLEMEN,

My first words must convey to you, Mr. President, my thanks for conferring upon me the honour of giving the Bradshaw Lecture this year. Within the walls of the Royal College of Surgeons of England, where Hunter laid the foundation and considerably advanced the development of the grandest museum of its kind in the world, where his spirit has ever since been present to inspire his followers, and where his work has been continued, among many others, by Cooper, Lawrence, Owen, Paget, and our present distinguished curator, Professor Stewart, where our library grows year by year larger and more useful for study and reference, and where at our examinations we have in the name of English surgery highly important duties to discharge, to be invited to lecture is an honour which he who is worthy of it cannot but warmly

appreciate. Nor, certainly, can he for a moment forget the responsibilities which the office involves.

Before I pass to the Lecture itself there is a circumstance to which, Mr. President, I think you would wish me to allude.

On December 9, 1852, just fifty years ago yesterday, a certain candidate passed his examination and became a Fellow of the College. He hailed from Essex, and his name was Joseph Lister.

What that name has since become, not only in the annals of English surgery, but among the greatest benefactors of the human race, we all remember with admiration and gratitude. The poet alludes in trenchant phrase to those who shut the gates of mercy on mankind. Lord Lister has done more than any living man to throw them open. No matter in what century the roll of fame is called, the name of Lister can never henceforth be omitted from it.

Lord Lister was never the man to seek for recognition or reward, but honours have flowed in upon him from every direction; and surely his cup became full when, a few months ago, he saw his principles turned to account in one of the most dramatic incidents of history, and when, by appealing to them, Sir Frederick Treves, with conspicuous skill and conspicuous fortitude, averted

the imminent peril which beset his Majesty the King. The profound joy with which his subjects in every part of the world hailed the King's recovery was, in our profession, intensified by the fact that his Majesty, by strenuous devotion and constant personal effort in the development of his Hospital Fund—which reached the unprecedented sum this year of £100,000—has made himself the greatest and most productive philanthropist of his generation.

This Lecture, together with a similar one at the Royal College of Physicians, was founded by the late Mrs. Bradshaw to honour and perpetuate the memory of her husband, the late Dr. William Wood Bradshaw, M.A., D.C.L., Oxford. Her action was at once affectionate and enlightened. She hoped that successive lecturers would, each in his turn, do something to advance the profession to the pursuit of which her husband had devoted his life. And it remains to each Bradshaw lecturer to give effect, to the best of his capacity and knowledge, to the objects which she had in view.

The subject I have chosen is that of Infective Arthritis; in other words, I propose to discuss those diseases of the joints which are due to infection. I have not taken this subject as one that is altogether new, for it has long been known that, in such instances as septicæmia, pyæmia, and

other allied conditions, the joints are liable to become infected. I have chosen it because recent advances in bacteriology and exact clinical observation have made it clear that joint-affectations of this origin are much more frequent than was formerly supposed. Thus, while no doubt much will still be added to our knowledge, the time, I think, has come when it may be useful briefly to review what has thus far been done.

In general pathology one of the main advances recently made has consisted in the discovery of the large part which infection by various micro-organisms plays in the production of disease. Thus, for example, peritonitis only a few years ago was supposed to arise as an independent form of inflammation—to be, as the phrase was, idiopathic. It is now well established that no such form is ever met with, but that inflammation is, in a very large proportion of cases, infective and due to micro-organisms of which several forms have been recognised. And as it is with the peritoneum, so it is with the joints. When inflammation occurs in a joint, while it is never idiopathic, it is often infective, and is produced, moreover, by agencies which, when they were first discovered, were supposed to be limited in their action to other structures. Indeed, there exists a close parallel between the peritoneum and the joints in regard to infec-

tion; and that this should be the case appears, even at first sight, probable when the similarity of structure between the peritoneum and the synovial membranes is borne in mind. Both consist of an epithelial layer and a substratum rich in blood-vessels, along which infective agents easily pass, and through the walls of which their migration can readily take place. A notable illustration of joint-infection is met with in the case of the pneumococcus, or the *Bacillus lanceolatus*. This micro-organism, originally discovered in the saliva, and shown to be a pathogenic agent by Sternberg, was subsequently proved by Fränkel to be the active agent in the production of acute lobar pneumonia, and, in the absence of any suspicion that it invaded other organs, it was termed the pneumococcus, or lung coccus. Later investigations have shown, however, that it has a far wider range, and that it not only produces pleurisy, pericarditis, peritonitis, and meningitis, but also acute primary arthritis.

In fact, the general statement may now be made that, in at all events the great majority of specific diseases, the joints are liable to infection. In compiling the list of these diseases, tuberculosis and syphilis need not now be considered, and the common forms of septicæmia and gonococcal infection are so well known that they need not be further alluded to. There will then remain the following :