Thesis
On
Dis-ease of the
Hip Joint
The Anatomy of the Hip Joint

The bones entering into this articulation, are the inferior extremity of the femur, and the os innominatum, which forms the acetabulum.

At the inferior extremity of the femur, is placed its neck, which is directed upwards and inwards, so as to form an obtuse angle with the shaft of the bone; at the joint of union with the latter, are two prominences called heads—chasseres, the larger on the outer, the other on the inner side. She is from between these
That the neck arises.
The neck, in some form, consists of a framework of bone, forming a framework, so that its diameter is much less considerable than in the vertebral direction, in which greater power is required for sustaining the weight of the body.

The neck is surmounted by the globular head of the bone, which forms about two thirds of a sphere, it is tipped with cartilage, a little below its most prominent point is a small cavity, which gives attachment to the round ligament; the largest part of the head is lodged in the acetabulum.

The acetabulum is formed by the junction of the three pieces of the acetabulum, of the cavity the ileum forms two fifths, the ilium somewhat less.
than two fifths, the maxillary
being made up by the 27
Pater. It is sometimes called
Cortland, or cup-shaped careh,
from its appearance.
It is surrounded in the greater
part of its extent by a
marginal or superciliary, which
is most prominent towards the
superior and cephalic part;
but at the opposite point,
rear to the ethmoidal foramen,
it is deficient, leaving a notch
called Cortland notch; the part
part of the cavity is covered
by cartilage, but towards the
notch it is deficient, there
being a depression, which lodged
the round ligament, and the
sphincter of Havens.
When the pelvis is examined
as a whole, we observe that
three articulating cavities, placed
wards the lateral walls of the
pelvis, look down wards and
and forwards, with an inclina-
tion outward, and when the
body is erect, they rest upon
the glenoid leads of the thorax,
which they lodge.
The articulation is connected
by thirty-four ligaments, viz. the ilio-
femoral, capsular, cotyloid, and
interarticular ligament also
like a synovial membrane.
The ilio-femoral ligament, a fine
band of fibres, stretching obliquely
from the anterior inferior
spine of the ilium to the anterior
trochlear bone of the femur,
placed in front of the joint;
it is calculated to strengthen
the capsule.
The capsular ligament, dense
and firm in its texture, represents
a fibrous tube, whose direction
is downward and outward;
ting attacked by the
tendons of the scapula
of the cotyloid cavity.
By the other to the back of the inferior Cinnabar, in the greater part of its extent, is attached to the bone, within two or three lines of the cornea. The corneal attachment is deficient. It is attached to the transverse septum.

Its inferior circumference is inserted, in front, to the transverse line, but, superiorly and laterally, it fits the attached edge of the middle of the cheek.

The corneal septum is a fibrous cartilaginous ring, place around the cavity, and serving for the purpose of increasing its depth, and completing its border, where it is deficient. It is inclined towards from the point of its attachment connexison with the bone, so as to narrow the accommodation.
and as it were to embrace the head of the former. The broad edge is attached to the bone at its free edge in free, both its surfaces are covered by the synovial membrane, the retinaculum being in contact with the capsular ligament, the natural with the head of the former. Its fibers are best continued all round; they pass obliquely from without inwards, one strand being attached to the outer, the other to the inner edge of the margin; at the outer and medial thighs, these fibers are continued from side to side, so as to render the circumferentia complete. Some additional fibers are superposed in this part, which are stretched across from one margin of the notch to the other. They are called the transverse ligament under which space is left for the admission of the Articular disks.
The articular ligament, or capsule, in lines, is also called "round" ligament, a thick dense fascicular of fibres, attached by one or two, which is round, into the fossa in the head of the femur, by the thin, which is broad, and divided into two heads, to the margin of the cotyloid notch, where its fibres become blended with the fibres of the transverse ligament, a band of the obturator artery runs along this ligament to the head of the femur and its outer surface is covered by synovial membrane.

The synovial membrane lines the retrocontiguous surfaces while entering the formation of this articulation, giving them a smooth shining appearance from the margin of the articular surface of the femur, it may be traced along the neck of that bone as far as the reflection of the capsular ligament, the inner surface of which it lines as far as its reflection.
attachment. Then it turns inward over the cavity, and descends into the cavity lining it, entire except and, finally, guided by the round ligament (which it invests by a funnel-shaped groove), it reaches the head of the femur, and covers it as far as the border of its cartilage.

The synovial membrane, like serous membranes, is intended to keep the friction of opposite surfaces, formed by a lamellated membrane, several layers of scaling epithelium, and beneath these a layer of dense cellular tissue, in which the blood vessels ramify. Connected with this membrane is that mass of fat, which is said to form the synovial fluid, and usually called the glands of Havers. As examined microscopically, these consist of small vascular ducts, covered with basement membrane, and epithelium; they are often filled with fat cells.

The cartilage, which covers the head of the femur, and the ligament,
cavity, when in shape have an opaque appearance, and a firmly thick white colour, but, in thin slices they are translucent of any form whatever, at the same time highly elastic, giving to the parts which they cover a thick, springy coating, to admirably withstand the force of concussion, and take to the motions. In the further they are covered by the synovial membrane, which disappears as growth advances, leaving them uncovered. Then a thin slice of cartilage is examined microscopically, it appears to consist of 26 cells, determinate like a solid map or painting. The painting has a square appearance like ground-plains. The cells, and nuclei are small, they occur in groups, and the cells which lie near the cavity of the joint, are flattened, and arranged parallel to the surface, and the groups or rows are close together, deeper, nearer the bone on
the other hand, the cells are narrow and elongated, like strings of beads, placed vertical to the surface. This arrangement of the cells, causes the cartilage to fracture easily, in a vertical direction, and before the appearance of tears to the naked eye, as if it had a columnar structure.

The cartilage is not punctuated in the healthy state by blood vessels, or nerves, indeed it has been proved the end of all sensitivity, in the embryo, the blood vessels are prolonged over it, under the synovial membrane, but as development goes on, they retire to the circumference, and form the circular Arteriae Vasculares.

Between the cartilage and the bone is a layer of fibrous tissue, in which the blood vessels ramify by small, branching loops, and ampullae, from which the cartilage cells draw the fluid for the nutrition of the structure.

The general character of the
occurs between, which forms the ledge, of all the other parts of the acetabulum, demand some observations on their structure. On making a section of the former, the open texture of the bone is at once observed, and on making a closer examination, the structure is seen to be formed of very slender bars or spicules of bone, and thin laminae or plates, which meet together and join at some openings, like Latin words (canaliculi) leave the same, these canaliculi communicate freely together also with the cavity of the shaft; they are filled with blood vessels, and marrow which serves to support them. If we make a very thin section of one of the laminae, and place it under the microscope, it seems the make up of very minute granules, in the midst of this granular substance, small holes are observed and numerous radiating prolongations of very minute ramifications, there are the lacunae and canaliculi, these canaliculi anastomose freely together.
Sir Grodien has pointed out that the lacuna, or socket, is filled with a minute granular matter, which serves to draw the intra-articular fluid to the surrounding tissue, to form a "cortex of nutrition." The head of the femur is copiously supplied with blood from the surrounding arteries.

The hip joint is a true ball and socket joint, possessing very considerable freedom of motion, admitting of the actions of abduction, adduction, and rotation.

A large portion of the head of the femur is embraced within the acetabulum; but some part of it, and the whole of the neck of the bone are placed outside that cavity.

The strength of the hip joint is very great, depending on the depth of the acetabulum, the contraction of the cotyloid ligament, around the head of the femur, and the thickness and firmness of the capsular ligament. It is also further strengthened by the muscles which surround it, viz., glutes, ischi, glutus minimus, and the internal rotators.
The angle formed by the neck of the thigh bone, varies according to the sex, and the period of life; thus it is less acute in the female than in the male, and in old age it often forms a right angle, the neck and hip being depressed and shortened.

The thigh bone is placed obliquely, so that their upper ends are at a greater distance from each other than the lower ones, which are placed very near each other.

The obliquity of the thigh bones allows walking. The performed with great facility, and the center of gravity is adjusted with little effort.

The muscles which move the hip joint are very powerful, the joint which carry the thigh backwards and outwards the press closer and nearer, while carry it forwards.

Although the muscles and ligaments of the joint are very powerful, it has been found that the pressure of the atmospheric air has great
influence in keeping the articulation together, for then air is admitted into the joint, the head of the femur detaches from the acetabulum.

The extent to which the head of the femur can be removed from the acetabulum, by the adhesion of air, or the effusion of fluid, is about an inch, or a little more.

The numerous blood vessels are derived from the obturator, external, internal pudic, testiculi, and sometimes the internal circumflex.

The veins generally accompany the arteries.

The nerves to the joint are derived from the obturator, sciatic, gluteal, internal pudic, posterior cutaneous, femoral, and small branches from of the anterior crural plexus.

The abscesses are divided into two sets, the superficial set, got from the glands of the groin, and the deep sets, abscesses press to the glands within the pelvis.
Symptoms and Diagnosis of Disease of the Hip Joint.

The symptoms of this disease have generally been described without reference to the hip joint primarily affected, although the symptoms are very different in the early part of the disease, while the results are often very similar, when the disease becomes chronic, so that many practitioners after most of the effects of this joint from the head, the articular symptoms are different, it will be convenient to divide them into three main classes: 1. The symptoms of the disease attacking the synovial membrane; 2. The symptoms when the cartilage is affected, and lastly the symptoms of disease by change in the bone.
It is of course affected by the surrounding tissues. The membrane is liable to inflammation, which is first indicated by pain in the joint, often at first confined to the particular spot, and then a short time becomes general. The joint begins to swell, and this pain depends on the extent of the inflammatory action, or it is caused by the effusion of serum into the cavity of the joint. The swelling may be detected before the destruction becomes great, the swelling is generally very prominent at the groin, as the disease goes on the pain is increased particularly in motion, it is felt more so when it is felt down to the knee, it becomes much more severe at night, from the effusion and spasm of the muscles. The head of the femur is often thrust out of the acetabulum and it is necessary to form a distinction between the destruction which takes place...
in this disease, and that from decussation of the cancellous structure of the bone, as in the former case the effect of injury is simply to form a hollow at the bone where bone would be dangerous to form in the cancellous abscess, an the invariable result which requires opening, namely the inflammation subsides and the swelling disappears; however it is very often happens, particularly in persons of delicate organisation, that it assumes a chronic character which continues for some time going on to the destruction of the of the joint with all the symptoms attending this joint disease.

II. Disease primarily affecting the cartilage, the articular cartilage of this is liable to be two causes of its action, or it may be come slowly absorbed or as shown the bone almost detached of its natural protective covering, in consequence of which all the symptoms of mortis bone become developed.
or, 2nd, the cartilages may be attacked by inflammatory action, followed by destruction of the cartilages. It is important to observe that this form of disease occurs most frequently about the middle and subsequent periods of life. Whilst rare in the decade of the accelerated structure of the head of the femur, occurs in childhood or adolescence, and is accompanied by a weakly constitution having that peculiar death-like calm of a falcon.

The first symptom, is generally, rheumatic pain in various joints, which later become localized to the hip, and more when the pain is very severe in the commencement of the disease. The teeth become flattened and the limbs are apparently shorter, in a short time the pain in the hip, become very severe, and it is much more severe at night when in very attempts to move the joint, the thigh starts involuntarily from the hamstring contraction of the muscles.
There is no appearance of swelling externally, but if the hand is placed on the joint and the leg moved slightly a peculiar grating sensation is felt, as the disease goes on deeper or lateral erosion occurs of suppuration taking place within joint, the symptoms are greatly aggravated, swelling appearing generally in the groin from the internal pusulent matter in the joint.

The above increases in size and gradually becomes more superficial, at last it is evacuated.

The last stage of the disease is similar to the last stage of suppuration disease of the joint.

The symptoms of this disease are very different from those of tuberculous type of the suppurative metastasis, in the first place swelling is one of the first symptoms of the latter disease also it coincides with the pain, which in the former increases the pain last for a long period without any
walking at a later period when all the parts are disorganized it becomes very difficult to differ from an acute diagnosis - this is also great difficulty also in scrofulous disease of the head of the bone and the disease in the advanced stage but at an earlier period the same difficulty does not exist 1 the different ages of the patient 2 the pain the former disease pain early symptom while in the latter the pain is not observed until the bony and cartilages are involved in ulceration scrofulous form which may also take place in ulceration of the cartilage for some time after the disease has gone on with great severity the scrofulous disease of the hip joint resulting from a described change in the cancellated structure of the bone this is a very common and debilitating disease of the hip joint it is very generally obtained in young females being compound of pain in middle life
The patient is of a scrofulous nature, and it often follows some acute disease as fever or inflammation, and when the patient is reduced to a very weak state.

The symptoms may be divided into three stages by consecutively.

1st Stage, one of the first indication of the disease is a slight stuffiness in the morning, then is some unusual feeling on stooping, and the patient may place his hand behind his back for support, and by pains are felt at times passing down the sides of the thighs; still it is not severe, often a little time the leg is dragged rather than moved in walking and walking is complained of, pain in the knee is felt at certain times, particularly in the night, which awakens the patient, if out of his sleep, these pains occur periodically.

The walking is at accompaniment, the knee is found to be quite healthy
If the head of the femur is pressed with some force against the acetabulum, and of the leg is made to rotate on its own axis, the patient complains of pain, which will indicate the seat of the disease.

At this stage, if the disease is length of the bone is unaltered the principal symptom is the pain in the knee, which was first explained by Sir J. Bell, the brachial of the obturator nerve, which passes into the joint. Thus the termination of the posterior branch becomes involved in the marked action and the perception of the pain is conveyed to the spinal cord, from there it is transferred to the central ends or connections of the motor fibres, which supply the knee joint and the muscles on the inside of the thigh. Through these, the transferred impression is conveyed to the brain, and the mind suffering the extremities of the path.
from which it usually through these fibers occurs impressions, feel as if the disease and source of pain were in the knee.

2nd Stage. The most prominent symptom in this stage is the apparent shortening of the limb: the patient bends the leg forward and places the heel from the ground the toes being slightly inverted.

On it assumption in the erect posture, the toes of the affected side is flattened and broader than natural; the buckle between the thigh and buttocks which is horizontal in the natural state, becomes oblique and almost obliterated, the patient stands, so that the weight of the body is thrown on the sound side, so that the spine is curved and the affected side is elevated above the other, hence the sound side is depressed; whilst the affected side is extended as much as possible, carrying that
of peculiar appearance of hardness of the limb.

The patient is observed bluish in the early part of this stage and the pain in the bones becomes more constant and severe.

The constitutional symptoms are very slight. Sometimes there is considerable fever, but more generally the patient is in a low succubus-like state, with a small quick quick pulse, with little fever.

As the disease progresses the pain is very much increased.

None particularly during the night, the person are observed to be wasting from want of use.

The help becomes weaker, and the two character more prominent.

The tenderness is great on pressure and the flexions of the thigh. The pulse is increased, the breathing is felt and pain very acute; the pulse is quick and the face flushed, the skin moist and shining.\textit{While}
and all the symptoms of general fever the swelling in the incision fluctuation is felt and opening an ultimately takes place. Then the presumptive matter is escaped.

The 3rd stage, if the disease is not stopped in the 2 stage now and most formidable symptoms supervene; the leg becomes shorter by 2 or 3 inches, so that the patient nearly touches the ground with his toes, as the disease advances he is unable to place the toes born on the ground, and the leg dares against the other, the change may be produced in various ways:

1. The head of the femur, and acetabulum being destroyed by ulceration, the psoas and iliacus draw the femur upwards and inwards. 2. The cavity of the acetabulum may be filled with pus, and the round ligament destroys, the platisma muscles draw into the head of the femur upwards on the dorsum of the ilium where the thigh is bent forward, ... presenting
the character of the location of the hole,
upward and outwards 3 very red spots. The
head of the furnace is pushed into the
floor, casting beams of the pumice, in this
case the limb in vast amount shorter
and the toe turn outwardly.
During this stage, the pain is very
decrease attended with hectic fever
and general constitutional disturbance.
the joint become completely deorganized
and various abscesses form and
are opened, some times there fultim
structures are involved in the
general inflammation and ulceration.
the plaques of the groin become inflamed
and inflamed, towards the end
of the disease, the acetabulum often
becomes perforated, with and the
bacteria is discharged thus the lesion
is abscess also form in the pelvis
which always end fataly. Sometimes
the patient may recover by undergoing
but more often the structural
change continues and the
patient dies worn by the disease.
This disease may extend over many years, or it may run its course in a comparatively short time.

There are many affections which simulate the symptoms of advanced hip-gout, generally in persons of weak constitution. In hysteria or any disease of the uterus, symptoms very similar to those of disease will appear to hysteria. The patient complains of great pain in hips indeed most violent pain so that few of examination is at all probable in the patient makes great complaint of the least pressure, but if the attention of the patient is withdrawn from it no part great pressure can be made without complaint. Still proves that the disease is not hip joint disease.

In diseases of the uterus there are symptoms very similar to diseases of the hips, pain in the knees and swelling of the joints. But a careful
Examination of the parts and the patient generally, with the time will be better
informed in forming an exact diagnosis.

Ovarian abscess may present some
characters in common with discrete stip.
but the pain in the loins, the fluctuation
on coughing, will prove the nature of
the disease sufficiently.

From sciatica, because of the knee
joint is distinguished by the
duration of the pain, in duration it is between the two chenta and the
sacrum, running along the course of
the sacrum, falling up along the sacrum
and down the back, front of the
thigh, in knee joint because the
pain is felt in the knee and around
of the thigh. 2 in duration, there
is the stiffness of the joint in
the occasional posture, and the pain
complained of when the head of
it bone is pressed into the acetabula.
Pathology of Hip Joint Disease.

Under this head, the cancer and
Marco changes are the most
There have been great disputes
and among the most with writers
respecting the parts involved in this
disease, Lord believed that it usually
affects the bone, and several contain the
writer support his views. Owen
Within says that ulceration of the
cartilage is the primary disease.
Lyrical and Bruce say that it
the symptoms vary widely in extent
the capsule of the joint and
the ligament. The first affected
They describe various cases in which
the first sound ligament was first
inflamed and the theory that
it is the first affected
Conley attributes the disease to
the scrofulous leucoderia, and that
At first attacks the synovial membrane. Cameron also says, that according to his observation, it is a chronic inflammation of the synovial membrane.

It appears evident from the statements of those writers that, to the lessers of the joint, may be pressingly affected, and after they may be pus in the finger, it is distinguished in the same part of the disease, and in the state where inflammation becomes more acute and the disease advances, it becomes imperative to separate the symptom and other state which structure is affected, in fact, all the joints become involved in decelerated action after a certain time.

The synovial membrane, Dr. B. Bertho, states that no part of the body is more liable to disease than the synovial membrane, it is very liable to inflamma
tion which is generally subdued by proper treatment, but sometimes the inflammation recovers, repeatly, and
in a septic abscess constituting tends to transformation followed by complete destruction of the structure of the joint. The resulting cavity may be injured or a trickle may often be noticed. Cold occurring in adults principally, but it may often becomes involved in children, more particularly in those that are poor and diseased.

The first change observed in this abscess is a great vacuolated, so that it has the appearance of being injected with blood. The internal surface loses its smooth appearance becomes covered with a membrane partly of epithelial cells and partly filled with a brown fluid and forms the inflammation gradually extending to the cartilage.

The pathology of the abscess, because of the structure in the advanced stages of whatever structure is primarily affected, according to Sir J Brodie, is in the cartilage may occur in.
Various causes: I. It may be the consequence originally in the neighboring soft parts, especially the adjacent Mammary 2. They depend on moved condition of the cartilage itself & on chronic inflammation with which it is connected. 4. On peculiar alteration in cancellous structure of bone.

There can be no doubt as to the cartilage being apt to be on chanced action growing, depending on some change in the blood altering its nutrition. It may result from channatee deposit obstructing the flow of blood in the nutritive arteries or from scrofulous deposit. The healthy canons can cause, and being affecting a weakened constitution, the disease occurs in elderly people for the most part.

The changes in the articular cartilage was first explained by Dr. Goodwin and subsequently elucidated by Dr. Redfern of Aberdeen.
section of increase cartilage one end is unaltered is composed of corpuscles natural in formation and size, on the opposite edge it is gelatinous consisting of nucleated particles, intermixed with fibers and blood corpuscles, the cartilage corpuscle is changed in shape and size, instead of being of the usual form they are larger, rounder or oval form, and instead of two or three nucleated cells in their anterior contain a mass of them, the content of these corpuscles communicate with the internal membrane by several opening more or less extended. The false or gelatinous membrane is a circular capsule-like dip into the substance of the capsule like projection which the gelatinous membrane from acts in the cartilage so that it has the appearance of little depression when the membrane is torn.

Dr. Redfern's observation agree with
For Gordon in this change, but he former describes the change which the structure undergoes. He states that the connective tissue in many homogenous in the normal state, under pressure becomes split up into fibres and bands, giving the cartilage a retrograde aspect. Cells and nuclei from cells with peculiar matter which becomes discharges, vessels are developed and differentiation goes on. He also states that the fat cells undergoes change into fat or they are filled with fat the ground which becomes less change with the matrix. The cells also very often become changed into fibres by elongation and division, and they are displaced and in the mingled with the altered matrix. The formation of pus does not take place unless the other part of the joint become affected. The Results of the disease.
can generally destruction of the cartilage and formation of false joint or ankylosis, this is the most favourable termination that can be expected.

The head of the femur and the acetabulum are very liable to serofolaceous deposit, in serofolaceous deposit, after some time, while the joints are liable to their normal changes, more particular of the bone of the hip joint. Sir LD Brodie says, that in the first place the cancellous structure of the bones is perfectly natural, vascular, followed by a deposit of fluid, this becomes changed into yellow substance resembling trabeculae. The cancellous of the head of the bones become diminished and considerably less thick than in the healthy state, from this the bone becomes swollen and its takes on a slow inflammatory motion, the connection between the bone and cartilage is deminished.
and the changes described by Dr. Gordon begin to appear in the latter type then when the deposit is examined it is found the 1 an ammonium stroma, 2 granules of uncertain shape & larger in shape cells, and 4 fat cells, the matter is perfectly different with tubules and suddenly usually from the patient marked change in the blood
The deposit takes place without any fatty cause in the deposit which takes place in the bone, the inflammatory action goes on to causes and the head of the bone separates away, also the cavity of the saccular bone separate, either usually in the death of the patient or care by anchylosis
Treatment of Ulcer of the Stomach.

The frequent occurrence of this disease in some of the large towns of England makes it most desirable for the surgeon to know the characters of this disease, so as the able to form an accurate diagnosis, and after the be perfectly acquainted with the different modes of cure, not only for his own honor, but usefulness, but also, many of his fellow doctors, from being ignorant of the cause and a life of misery and want, self-poisoning and other lesions the disease very like that the modern by bleeding, cupping and purging or the parts also by forming illness and keeping the body open by the actual cutting. No about the beginning of the present century.

Dr. Falconer, Physician of Charlestown
highly recommended the Bath water, as the most certain of all remedies, and for a long time, most of the patients that could afford it, were sent to try these waters. Dr. Albin of Bremen in his work on Copalphia also treated his patients, with the warm mineral water bath, to which he added lemon and sugar, but contents that bee-lathering and the taking of potatoes, etc., is the best treatment.

Dr. Cibis in his work recommends with a view of depressing the circulation aconite and scrophularia. Sir D. Pott also states as the result of his observations that the disease began with the cartilage and that the acetabulum was the first affected, and he recommends silver, formed by carbolic potash, and kept open by saline solution. Dr. Scott from his work on Chronic Inflammation treated the Deformity by depressing the inflammatory action thus applying a plaster composed of bees'tail and Aconitum Planta.
finally round the joint. Then, covering that again with adhesive plaster, or what he places large pieces of cast plaster spread on leather, and over all a bandage. This is allowed to remain for some time, two or three weeks, according to circumstances. Dr. Lyon prefers the actual cautery, to any other method of counterirritation, he says, that the best place for applying it, in the hollow between the two clavicles, major and tuberosity of the ulna, that two or three inches internal on this long should be formed.

Since in the early part of the disease, an accurate diagnosis may be formed, as to which structure is affected by the disease as the treatment will be modified in the early stages, according to the described lesion.

Thus the dyspeptic brings his complaint to the seat of diseased action.
which is indicated by the great swelling and elongation of the limb attended with very little pain.

The first means of care to be employed is rest, if this is important, to prevent irritation, causing the disease to extend to the cartilages, the patient should be placed in the horizontal position, and antiphlogistic measures should be had recourse to in the first place. Antimony and strychnine comforts will be found very useful, a few leeches should be applied to the joint, and warm fomentations should be accurately applied, as it is the best means to relieve pain and subdue the inflammatory action.

If the patient is of a scrofulous habit, the cod liver oil should be given, and while all the3r another action is substituted, means should be used to cause the absorption of the fluid in the joint. Writing will be found more helpful than
expects blunting for the four years
and after all he find has
disappeared, both that will
be found useful to support the
limb, and prevent the occurrence
of the effusion, great care
and attention will be necessary
at the end of the illness
to counteract the tenacity which
developed, and of the whole joint to be
involved in the morbid action
indeed there can hardly be a
doubt that most of the cases of
this joint disease begin with
symptoms of inflammation in the
synovial membrane, more particularly
in children, where they have been
badly cared, and exposed to injury
and air, and cold, when the normal
anatomical appearance of the synovial
is considered in children, this will
not appear strange, it is the custom
that the membrane spread passes
over the cartilage, and that the
Portiocele will be found to extend to the limits of this membrane, they contain very freely between the two structures, so that any infected action in the one will be transmitted to the other; it is not then said that help joint because very often commences in you the more particularly with ceofeular deposit in the cancellous structure of the bone. Still there is one great difference to be observed to as the result of treatment, which never often helps us in distinguishing the two forms of the disease.

In the one case (that is when the disease begins with the synovial membrane), the treatment is very successful, even when the cartilage has been affected, a judicious application of remedies is often followed by the happiest results, whilst in the other case, the best treatment is often found unsatisfactory, and the disease continues to grow worse.
in spite of all remedies. When the cartilage is the seat of the primary disease, the treatment will be modified by several considerations, first the patient is beyond the age of puberty, secundum is often acquired from constitutional disease as typhus, or mercurialism. As to the chief indication is perfect rest, which must be obtained by mechanical contrivance either by plaster, splint, and bandage, or by a leather splint made to fit the limb, the constitutional treatment should be directed to counteract the taint in system, and the double of potassium will be found useful, also the arsenic will be found useful. Also the mercury has been recommended, but it is hardy. The bruised onion in the shape of a morphia, is the best remedy that can be employed, indeed it is the best remedy.
in all the known different forms of this joint disease, no remedy or act so beneficial, it allows the increased action of the nervous system, and allows the evaporation action of separation, and irritation to go on with impunity, the local treatment should consist of the most active counter irritation, the abstraction of blood is not called for in this case, blisters may be tried. Counter irritation will be found to be very useful and serve to allay pain, but the most efficient local application is the actual cutting as recommended by Professor Bevan, between the two tendons and tissues, when the团首 separates, and the discharge begins to take place the burn ought to be covered by a piece of gauze and bandage should be used along the line of without exceeding the spleat, to prevent the hardening of the muscles and anchylosis of
Treatment of decalcification when it begins with cartilagenous deposit in the cancellated structure of the bone. There are some very important differences in the treatment of this variety of the disease, & the disease depends on a peculiar alcoholic extract. This extract can be depended on some weakening of the disease as fever & sickness. In the treatment the principal indication is the removal of the ulcer. In the first stage of the disease alkaline and tonic ought to be administered with a view of restoring the stomach to action, all convulsive indications, such as colic, bladder flux, etc. ought to be discarded, as being only to aggravate the disease. Rest and the recurrent posture must be insisted upon by splints. If possible the patient should be removed to the country, if that can not be done, in an open room.
Diet should be light and restriction some animal fat omitted. The
formulated and those of a planing
character, the treatment most to the
blood on is the cold lever oil, and
it will often be attended with
most benefical effects if it is
prescribed with, when the pain in
the joint becomes severe. Warm
fomentations will be the most
helpful local application. Opium
in large doses ought to be given
at night, for the reasons before
alluded, when the second joint
on to the II stage and abdomen begin
to show symptoms, care must
be taken to prevent much between
venous effusion and purpura, and when
there is any difficulty, the slightest
blest will soon solve it, when
an abscess appears on the surface
it is the best way to make an
incision with a lanceet to evacuate
the pus. Warm fomentations will
be useful to promote the flow of the
...one, the warm water dipping, will be the best application; it has been just advocated and practiced by many surgeons. If, to enlarge the incision and perform the operation of division of the joint, it is an operation full of danger, difficult with any means of restoring the limb to a state of usefulness beyond, the joint aside without a fair trial, there seems a greater chance of success in these cases when the disease commences with the synovial membrane or cartilage, and the symptoms of the successful cases clearly prove that the disease 

...when such, if the operation is not had recourse to, the treatment must be directed in the 3rd stage, to procure aneholisation of the limb, and generally after many years in some cases. This is accomplished, but some time the case becomes complicated with disease of the lungs, and also...
planted and causes of the pilvi
for a great difficulty. The only
treatment that can be adopted
is to relieve pain and smooth
their passage to the pruse.

David, Nathan, Robe