DESCRIPTIVE

NOTES

OF

X-RAY PHOTOGRAPHS.
On examining the following photographs, the fact is brought out that the haemorrhagic effusions in haemophilic subjects do not cast such a distinct shadow with definite outline, as is to be seen in X-ray Photographs of ordinary traumatic cases in normal individuals.

Photographs 1 to 7 are of joints of Case I. and they all show changes in the articular ends of the bones of the nature of Rheumatoid Arthritis. All the other photographs do not show these changes. This is probably due to the fact that Case I is over 24 years of age, whilst the other cases are children.

Photographs 3 to 13 are of Case II.

14 to 13 are of Case VI.

Photograph 19 - - is of case VII.
X-RAY PHOTOGRAPH I.

CASE I.

Taken 2nd April 1909.
Right knee joint.
Appears normal in every respect.

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CLINICAL HISTORY.

17.2.09. Joint painful and a little swollen.
20.3.09. Swollen and very painful for 3 days.
30.9.09. Swelling of joints, off work for 3 weeks.
23.1.11. Slipped off a stool and twisted joint, which became swollen and painful — (morphia had to be given to ease the pain) — accompanied by faintness and vomiting. Lasted about 10 days.
X-RAY PHOTOGRAPH 2.

CASE I.

Taken 2nd April 1909.
Left knee joint.
Shows recent effusion into joint cavity, probably haemorrhagic on account of opacity.
Effusion is limited to the cavity of the joint.

CLINICAL HISTORY.
8 years old fell and hurt joint, swollen for four weeks.

5.2.09. Great swelling and pain, subsided in 3 days.
8.2.09. Again swollen and painful.
14.4.09. Soft swelling of joint - went away with two day's rest.
21.12.09 Soft swelling of joint - in bed 3 days.
10.2.10. A little swollen, in bed one day.
25.4.10. Swelling - in bed two days.
30.7.10. Twisted left knee. Next day had swelling on outer side of joint.
X-RAY PHOTOGRAPH 3.

CASE I.

Taken 25th April 1911.
Right knee joint.

Shows changes within the joint, probably old standing on account of irregularity of distributions of opacities. Not shown in X-ray Photograph 1, as it was taken to show bones only.
X-RAY PHOTOGRAPH 4.

CASE I.

Taken 25th April 1911.
Left knee joint.

Shows old effusion into knee joint, note irregular distribution of opacities most marked posteriorly, probably organisation of blood clot.
X-RAY PHOTOGRAPH 5.

CASE I.

Taken 24th April 1911.
Right knee joint.

Shows very old effusion into joint cavity. This photograph was taken to show up the effusion at the expense of detail in showing up the bony structures.
X-RAY PHOTOGRAPH 6.

CASE I.

Taken 24th April 1911.
Left knee joint.

Shows old effusion into joint organised.
Note change from X-ray Photograph 2., which showed definite outlines to the blood whilst this photograph shows organisation of the same and the accompanying serum, hence irregularity of outline.
X-RAY PHOTOGRAPH 7.

CASE I.

Taken 19th June 1911.
Right Hip joint.

Shows old effusion into the joint cavity and organised blood clot in the region of the femoral vessels. This has probably escaped from the region of the head of the femur as its cone shape, (with apex downwards) would indicate. The effusion in this case is, of course, entirely extra-articular.

CLINICAL HISTORY.

2.9.10. A little pain over region of Scarpa's triangle, thigh became swollen and painful - skin anaesthesia down to foot. Was in bed for a whole month.
X-RAY PHOTOGRAPH 3.

CASE II.

TAKEN 25th May 1910.
Both hands and wrist joints.

Right wrist appears normal.
Left wrist shows indistinctly some old effusion into the joint.

CLINICAL HISTORY.
No history of swellings recorded by mother, and none noticed while under observation.
CASE II.

Taken 23rd May 1910.
Right elbow joint.

Appears apparently normal.

CLINICAL HISTORY.

Never complained of this joint.
CASE II.

Taken 23rd May 1910.
Left elbow joint.

Shows effusion into joint cavity, most marked anteriorly.

CLINICAL HISTORY.
Occasional swellings, with pain and discoloration of joint.

29.5.09. Joint swollen and extremely painful - pain lasted three days and kept patient from sleep and brought on a "fit", but no discoloration of skin resulted.
CASE II.

Taken 30th May 1910.
Right elbow joint.

Appears apparently normal.
X-RAY, PHOTOGRAPH 12.

CASE II.

Taken 30th May 1910.
Left elbow joint.

Shows evidence of old injury and shows apparent clearing up of effusion better than X-ray 15. (Compare with X-ray Photograph 15.)
X-RAY PHOTOGRAPH 13.

CASE II.

Taken 30th May 1910.
Both knee joints.
Both appear apparently normal.

CLINICAL HISTORY.
There is rigidity of right knee joints but no history of swelling or injury.
CASE VI.

Taken 24th June 1910.
Right knee joint.
Shows the joint cavity indistinctly probably on account of some effusion which might either have been serous or haemorrhagic.

CLINICAL HISTORY.

17.6.10. Bruise from a fall became very swollen and discoloured and exceedingly painful - Not completely better for three weeks.
X-RAY PHOTOGRAPH 15.

CASE VI.

Taken 24th June 1910.
Left Hand and Wrist.
Wrist joint is seen indistinctly, owing to an old effusion.

CLINICAL HISTORY.

1907. Left Wrist swollen and painful after injury.

1910. June. Fell and developed a swelling in synovial sheath on dorsum of wrist, fluctuating and bluish in appearance.
X-RAY PHOTOGRAPH 16.

CASE VI.

Taken 1st August 1910.

Right hand and wrist.
The wrist joint here also is seen indistinctly owing to an old effusion having taken place into it.

CLINICAL HISTORY.
Occasional slight swellings from time to time, never severe.

27.7.10. Haemorrhage into tendon sheath of right hand without obvious cause - Very swollen and painful and necessitated hypodermic injection of Morphia 1/20 grs.

15.9.10. Sudden swelling on dorsum of wrist noticed in morning without obvious cause - Pain, bad but not severe.
X-RAY PHOTOGRAPH 17.

CASE VI.

Taken 1st August 1910. Left foot ankle joint. Shows an effusion into the ankle joint only, none in the intertarsal joints.

CLINICAL HISTORY.

1903. Left ankle injured, swollen, painful and discoloured, for which he was laid up in bed for two weeks.

3.7.1910. Left ankle became suddenly swollen at 4 a.m. No obvious cause, lasting for several days.
X-RAY PHOTOGRAPH 13.

CASE VI.

Taken 19th August 1910.
Right foot and ankle joint.
Shows an effusion into the ankle joint only; none in the intertarsal joints.

CLINICAL HISTORY.
Occasional swellings of ankle joint, never severe.
X-RAY PHOTOGRAPH 19.

CASE VII.

Taken 9th September 1910.
Both ankle joints.
Both appear apparently normal.

CLINICAL HISTORY.

1906. Left ankle injured when 6 years old and remained swollen and painful for some days.

1909. Right ankle swollen and painful for one week.

1910. Frequently laid up with swelling and pain in right ankle.

In September left ankle found to be swollen and painful on rising in the morning without obvious cause.

1911. In October right ankle became swollen and painful once more.