Achyloric Sinks

I will not restrict the term Achyloric to union by bleed, matter, as is generally done, but extend it to fibrous connection (false achyloric) - still consider -

I. The disease. Its site, etc.
II. Its causes.
III. The treatment.

IV. Cases as illustration.

I. The disease. Site, etc.

The ominous form of the disease the phenomenon upon the union by bone of the exposed surfaces.
Surfaces or margins of a joint. Effusion around the joint, has become objective or the ligamentous tissues have undergone that change, or probably, a combination of both will be found.

As far as electrolysis, the union is firm and as regards the joint, may be internal, or external joint or both. Any joint of the body may be the seat of this disease. The slight mobile vertebral articulation and the most perfect ball and socket joint, the knee, and elbow joints, are probably the greatest sufferers. The fingers are often so, in gouty and rheumatic constitutions.

II. Causes. The disease is the result of an inflammatory process. Traumatic, or labor, partic. modified in seat of Rheumatism.

Again, long retention of a limb in any one position. Contracture of tendons connected with or passing over a joint. Or the loss of motor power of joint.

1. Traumatic injury. This has probably something to do with those cases which are
Commonly called Arthritis, a very small acting Cause will be sufficient in a predisposed Constitution. Moderate injury of a joint often leads to inflammation; but when a joint has been laid open, an attempt may be made to save limb, and this will almost in invariably be at the expense of the injured joint. But suffer have a stiff wrist, or elbow joint, (with prospect of a future cure) than Southampton loss of hand. When a joint has been opened into extensive inflammation almost always results, profuse discharges, slowly dying up follow, the limb has been kept rigid at rest in one position, and when the cure is affected, the result is a stiff joint with atrophies around, the cartilage has disappeared from articulating surfaces, and the bones have been exposed, with the same result as if it had been a Comminuted fracture.

In some cases of injury, and in some joints, subluxation may be prevented by judicious motion, during the cure.

A Pain in Severe Sprain with bedridden Recovery.
ecancy, the parts of ligaments have been
erupted, or been stretched and have undergone
a slow inflammation, with separation of fresh
material to a considerable extent. And so
we have fibrous or false ankylosis more or
less extensive. Ankylosis may be caused by
a burn.

II. Diaphysial. This is great cause.

1. Serpulose cachexia - a great pre-
depending cause. Called into action by some slight
injury, cold, injury, or without any
apparent cause. In the large proportion of
chronic joint affections, the patient has not the
good fortune to set off with an ankylosed joint.
There is seldom a cause at operation stage,
using as false ankylosis, the disease goes on
to Suppuration Caries &c. And then rarely
(without interference or decision), can the joint
be saved or give us access to ankylosis. The
disease originates in soft or hard tenacula.

In soft tenacula, here it is insidious
in its approach, & progress. Patient generally feels
joint stiff in the morning when he gets up, if
begins to swell, but is not discoloured. The soft parts are only affected. The synovial membrane is gelatinous and thickened. The surrounding tissues have enlarged. The joints may remain in a considerable time in this state, months or even years. And the oedema matter be absorbed in the end, with a more or less complete restoration of joint. There is always stiffness and swelling remaining. However, in most cases, matter forms, and is discharges.

Osteoarthritis of cartilages ensues, or they are re-plicated or absorbed. The bone becomes affected, and the patient dies hectic. Suffers emaciation, or decays with a silent, and rigid death. There is no joint, but a firm bony or ligamentous union, showing one of the two forms of arthrosis.

2. Osteoarthrosis or hard structure of joint. Osteoarthritis of cartilages is most common in adults, and seems in some cases due to suppurative taint of cartilage. It is indicated by deep pain, often at one joint of joint. felt most acutely at night, aggravated by motion.
Motion. The disease may terminate before going on to suppuration, unassisted, or from surgical interference, and some stiffness of joint almost always remains. When it goes on to suppuration, the same occurs as when the origin of disease was continuous degeneration. And if a cure be the result, it is only by arthritus.

The cancellous structure of the bones is the part primarily affected, ulceration of cartilages being an after result. In some cases evidently of a trophic origin, these cases are chiefly met with before puberty. There is generally not much pain until ulceration of cartilage has commenced. There is swelling of joint. The disease begins in the cancelli of the bone becoming filled with masses of tubercle. The adhesion of the cartilage to the bone is less intimate. The cartilage ulcerates, bone becomes carious, abscesses form, and are discharged. In cases of recovery, the termination is complete arthritus.

2. Rheumatism as Cause. In acute Rheumatism, the inflammation quickly extends from one joint to another, not infrequently.
A joint is attacked a second time - the disease may chiefly affect neighbourhood of joints, or the joints themselves - and here may affect ligament, or synovial membrane, or both. Swelling and oedema are apt to remain for a considerable time, after the disease is checked - and weakness and stiffness of the joints are frequently left long after convalescence has been established. Parts may have been formed in joints, and sub-carabolages have exhibited evidences of inflammation, in softening, and erosion. This is generally a fatal case. In Chronic Rheumatism (a disease most frequently confined to joints, the inflammation is very apt to remain firmly fixed in its original joint. In acute cases, we have stiffness or immobility of the joint, arising from contraction, thickening, and rigidity of the ligaments - from firm contraction or shortening of the muscles, and tendons - and sometimes from changes in the cartilaginous and bony structures. Which undergo alteration from the long continued irritation. The joints (especially of hand) are often distorted from the same cause. In some instances suppuration
Injuries placed in the joint, the synovial membrane inflames, the cartilages are absorbed, adhesions form, and if a cure result the tendons and of the bones unite forming complete ankylosis. The inflammation sometimes thickens the periosteum of the fibrous investment, stiffening the joint, or these lining become studded with bony nodules, gradually increasing, until this new bone formation encroaches on the joint, impeding its motions or producing complete stiffness by external bone ankylosis.

3. Gout - Rheumatic-Joint or Cause

As regards the joints, joint generally suffer in a great toe, but may affect other joints—elbow, wrist, knee, etc. When first attacked patient is affected with acute pain around the joint, or in it with little appearance of inflammation, the joint soon swells, the slightest touch is cruelly felt. The superficial veins of part are tender in a few hours the symptoms abate. The attacks may travel from joint to joint. A chronic form generally suppurates, and often becomes fixed in certain joints. These become altered so
as it tends with difficulty, and may be quite useless. More or less completely disorganized, the motion of joint are attended with a grinding sensation. All this may arise partly from thickening of ligamentous tissues, and partly from deposition of chatty matters in, and around the joint. The latter deposition is often seen in the fingers, becoming effused in a semi-fluid state, and concreted. It occurs in the form of chalk stones, alae of a hard bone kind, resulting, the synovial membrane is affected joint, and the cartilages afford indications of inflammation, the latter often showing absorption, and the ears of bones are injected with blood, softened, and occasionally eroded. Or chatty matters occupy portion of cartilage, layers of chatty matter are often found within synovial membrane, or between it, and the cartilages. The external ligaments are sometimes injected and thickened, and the muscles around the joint contracted and rigid.

The bone the joint suffering from inflammation is palpably, without any motion.
Pre-existing Constitutional Term. This is rarely seen originating in the ligaments. On the other hand it is common enough in synovial membrane. We may have an increased secretion of fluid in joint, without pain, or inflammation, constituting "drops arthritis." But if more commonly happens that the presence of this fluid depends upon inflammation of the synovial membrane. Often the inflammation has subsided, and the fluid become absorbed, the joint remains swollen, stiff, painful when bent or extended beyond a certain point. Synovia will be found effused into joint. This inflammation of synovial membrane may extend to cartilages, giving an alteration almost invariably attended with formation of abscess. Invagination of joint and if recovery follow, true ankylosis. Syphilitic, tubercular, syphilitic fluids are predisposing causes of diseases of joints.

III. The Treatment. This will consist of the usual palliative, radical, and must be influenced strictly by the cause of the disease.
And the extent it may have advanced.

2. Where there is a special Cachexia to be combated, as Sternum, Lordy to, Constitutional treatment will be the primary indication.

3. Palliative treatment. When a joint has been injured or is inflamed, when it has been opened into by that injury, or merely bruised. When the inflammation has led to fibrosis of 

4. jesion, or formation of pus. In fact, whether we expect false or true ankylosis, we will have our treatment keep joint bent in 

5. such a position as shall be most useful. Should ankylosis unfortunately ensue. For instance the elbow should rest at an angle somewhat more than a right, not a 

6. large honest one.

2. Radical treatment. The result of this may only be palliative, but the aim is radical.

1. It is to free ankylosis. Then this is complete, the forcible breaking up of the joint is inadmissible. A French Surgeon, Mr. Lournier, invented an instrument to
When the stiffened limb was placed, and straightened by mechanical force, the results were such as might have been anticipated. In some of his cases death followed from gangrene, the skin, muscles, tendons, and blood vessels being ruptured. It must be condemned. For this the limb is immediately stretched, and a severe symptom of mortality follows, primary, or secondary. Yet when accidents do occur, they are generally of such a character as to cause death, and then none of the patients operated on entirely restored the free motion of the articulation.

Mr. Barton of America has successfully formed a false joint, in a case of incurable crisis of hip, by sewing this with silk. This operation could not be extended to all the joints, the shoulder and hip. Since these are the only ones fitted for it. The new joint must be quite perfect, with very limited motion. Cases may occur in which a trial might be warranted. But further experience of it is required.

Mr. Sykes has clearly shown that
The analysis of elbow joint, as is followed by an excellent result. A joint being formed scarcely to be distinguished from the sound one. And where a patient presents him.

Self-action for the operation, we should not hesitate to perform if, unless Constitutional Causes present. The elbow joint is peculiarly fitted for this operation, but as regards the other joints, interference in this way will generally be found unwarrantable.

2. As to false luxation crises. While the joint is inflamed, no active interference is advisable. The following remarks apply to these cases as which the inflammation above has been subsided in the joint. The inflammation must be treated according to the usual rules, always keeping in mind the future usefulness of the joint, and after the inflammation has been fairly subsided the results of it are dealt with.

And here great caution is required lest the by too interference, let up the inflammation appear.

We may do much by forwarding

abstracton
abroption. Scrotal dressings will often be forms of great service. Some poulticed over joint. Blisters applied at intervals. Excisions with stimulating instillations. If the tendons are at fault, divide them by subcutaneous section. Passive motion of joint should be persevered in, if a gentle description. The joint should be strengthened by judicious exercise, bringing back tone and action of muscles. Splints bandaging to may be made of all by preventing from being lost, and acting in the gradual to tension. Should these means fail, or from the disease having resisted for too long a period, any attempt by them be thought useless, one may forcibly break the fibrous connections of joint. And after allaying any inflammatory action set up, one may by judicious motion, hope to restore the joint to its former condition, or at least greatly improve it.

III. Cases in Illustration. And first one of true lumpyoris. I quote this from Sir Benjamin
Benjamin Brodie's "Cases of the Kings'"

A young married lady was seized with

violent pain in one knee. There was no

perceptible swelling of the joint, or if there

was any, it was not from fluid, or lymph,

effused into its cavity, but from a very slight

effusion of serum into the cellular membrane

extending to it. In the course of three or four

days the pain became intense, and could

be only partially relieved by very large

doses of opium. Blood was taken from the

knee by leeches, and cupping, but these of-

fered very little relief. Mercury was ad-

ministered internally, and as soon as patient

was under the mercurial influence the

pain began to abate. In the course of a

few days more it had entirely subsided. The

patient was supposed to be well, but the

knees were now firmly united with each

other. So that the joint did not admit

of the smallest motion. Various plans were

tried with a view to restore its mobility,

but to no purpose. The unlucky knee still
"was and Still is Complete but as the leg is nearly in the straight posture with regard to the thigh it is productive of Comparatively little inconvenience to the patient."

This was a case of ulceration of Articular Cartilages, resulting in complete absence union.

And now one of falseancy once, when I watched with considerable interest.

Mr. B — on the 24th Married. On 9th December 1854, when travelling by railway. She caught a severe cold. On 12th December she was confined, her baby being still born. She was making a good recovery.

When on 20th, she was seized with Rheumatic fever, and pains in various joints, first in ankle joints then in left knee, and finally in right knee and in left elbow joints. The latter became the seat of fixed pain and inflammation of a Rheumatic character. She was confined to bed for eighteen weeks. The pain in joint was so severe they could not be moved. The arm was left nearly extended.
tended, and the knee was flexed; no pillows were placed in front, and they were kept in those positions during eighteen weeks. On leaving her bed in March 1855, the pain in both had almost gone. The clavus was nearly straight, and fixed, and the knee was so bent that she had to use a crutch, and only touched the ground with the toes. The joint was quite the state of motion, and pain was experienced in walking. After a few
amended the limbs in September 1855, happening to call as a friend of the family.
Mrs. B. adverted to the distressing condition of her elbow, and knee joints, and was much discouraged by the report of her medical attendant. On examining the joint, I found both quite motile, and free from pain. The elbow joint was some
blate enlarged, evidently from firm deposit.
The knee joint less so. From this state of
Case and length of time intervening. Scarcely anticipated long union. She could
now walk with the assistance of a staff.
Cure, but very vigorously. The arm
situation, which had been originally good was
now restored. Assured that an operation
might be performed with a good prospect
of success. A surgeon was called in, who
readily agreed to treat up the connections of
elbow joint, try ing it first, from the less
gang to inflammation ease, and
from its almost useless condition in Straight
position. On 26th Sept. 1855, when
under the influence of Chloroform, the arm
was bent, by exerting a gradual force upon
its flexion was complete, and extension nearly
8. 5° in rotation, however. On rising arm
a charming sensation was imparted to head.
On 27th complained of pain in joint, slight
swelling was observed, but no inflammatory
edema or other antecedent symptom, was
noticed. No fever. Pulse scarcely affected.
Cold cloth applied.
28th Swelling decreasing, and pain less.
29th Began to attempt slight motion of
joint. But here I was much checked by
patient.
patient who had a childish horror of the slightest pain, and a great want of moral courage. Her nervous system was never very strong, her education was not improved, and a peculiarly distressing family affair had thoroughly shattered the remnants of it. When I attempted to move her, immediately all the fear that excited me, a hysterical feeling was always at hand, and no persuasion on my part or on that of her friends could induce her to move it in the slightest. During the fortnight or three weeks following I gave her chloroform four or five times, and then the pump moved with the greatest freedom. So much so that if bent to a right angle, it would bear the weight of the forearm, disregarding itself. After persevering for three or four weeks in my attempt to restore motion, I was about reluctantly compelled to give them up, and place the arm in such a position (nearly a right angle), as would ensure greatest usefulness when newly used.
October affected leg was straightened in same manner, as arm, requiring much more force to be exerted on part of surgeon. But the connections at length Jane way with a loud snap. From former experience of the patient, we thought that any attempt to recover motion of joint would certainly fail. Accordingly limb was kept in extended position by Boyd splint.

26th October. (Day after operation) found patient had taken her breakfast as usual, no pain in joint, pulse 80. No fever. She was doing steadily well, when I left her to college in beginning of December. I have since heard frequently from her friends. She is now able to walk without assistance of any kind. She has been to church often and makes out a fair deal. I wrote from the last letter I received from one of her friends dated 1st March 1856.

She (cyg, B.) has no motion in her elbow, but it is of more use to her than before. Her leg is the same length as the other.
"Other. She walks more comfortably than before. There is no motion in the joint. It is not so strong as the other, it requires to be supported by leather straps under her foot, but it is getting stronger, and she expects to be able to walk without the straps. She has sometimes pain in it, and if she tread on a stone or anything when walking she feels it."

In this case the joint being free from disease and the constitution of patient good, the operations were performed with perfect safety. And had the patient seared on effort, the result good as it was, would have been infinitely more satisfactory.

Andrew Hay