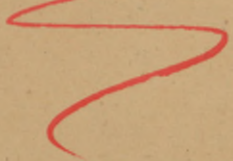


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Points in the Therapeutics of Diseases of the Joints.

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It is sometimes said that the treatment of joint diseases is enveloped in obscurity, and that the methods in use are various and conflicting. As an attempt to clear up the therapeutical atmosphere, I would like to make two or three points, as our legal brethren would say.

In the first place, I think we fail to recognize and acknowledge that articular osteitis is, from the nature of the case, an affection of long duration, and one in which absolute restoration to perfect symmetry and complete function is very decidedly the exception and not the rule. In these days of brilliant and painless operations and marvellous discoveries in physics we resent being limited to simply reducing deformity and placing the part and system in a favorable position for the slow processes of natural repair. Until a perfect cure has been found,

however, and tested by time, it is better not to disappoint our patients, but to give them the assurance that they will receive at our hands all that the present state of science can grant.

In the second place, I think obscurity has been caused by the mistaken precedence which has been unwittingly given to mechanics over pathology. The machinery of the joint being out of order, and certain muscles abnormally contracted, we have concluded that it is a question of dynamics, and that the pressure incident to muscular action is the cause of the destruction of cartilage and bone. Instead of prudently stopping to verify this conclusion by the examination of morbid specimens, which prove that reflex muscular action plays but an insignificant part, we seek a mechanical remedy for what appears to be a mechanical lesion, and invent an apparatus for counteracting the muscles. And when the apparatus is adjusted and the symptoms abate we congratulate ourselves and imagine that the relief experienced is a proof that the muscles were causing all the mischief, failing to see that we cannot directly oppose the muscular action at all, and that, without knowing it, we have fortunately been applying fixation, which is a constant accompaniment of traction, and which a timely resort to pathology would have told us was the very thing which the inflamed joint needed. I have none of my fellow-workers in view (we have all been followers of Dr. Henry G. Davis), but have simply tried to show how pathology and mechanics have failed to walk hand in hand, as they should have done, in the treatment of joint diseases. The therapeutical precepts suggested above have been expressed

in detail in former papers,¹ and sustained by reasons which seem to me conclusive.

The third point I wish to make is, that ankylosis has not been given its proper value in the formulæ of this therapeutical problem. When long-continued inflammation has raged in the tissues of a joint, deforming the articular surfaces and locking them up in organized lymph and shortened ligaments, we have ankylosis, the ultimate degree of which will depend, in my opinion, on the promptness and success of our efforts to arrest the inflammation. And I think that we are wrong when we fear adding to the amount of ultimate ankylosis by early and thorough fixation of the joint. To me it seems reasonable to believe that such a course will diminish the resulting ankylosis by subduing the inflammation and preventing an excess of its products. The statement has been made, and I believe can be sustained by records, that fixation of a healthy joint, no matter for how long a period, is powerless to produce ankylosis. It causes a temporary arrest or impairment of motion, such as can be overcome by habitual effort on the part of the patient, a disability very different from the ankylosis following inflammatory disease, which is, with rare exceptions, permanent. If this view be correct, then fixation is to be applied as early in the case as possible, and with uncompromising persistence, in the belief that, so far as the joint is a healthy one, fixation is absolutely harmless, and

¹ St. Louis Courier of Medicine, May, 1881, pp. 367-372. New York Medical Journal, July, 1882, pp. 1-17; January 31, 1885, pp. 116-120. The Medical Record, May 12, 1883, pp. 509-512; July 7, 1883, pp. 1-4.

that so far as the joint is diseased, fixation will, by subduing the inflammation, increase ultimate mobility.

There are, of course, other sources of obscurity, and this will be the case until we attain omniscience. I cannot but think, however, that the three points which I have tried to make dissipate some of the difficulties in the way of the unanimous recognition of correct methods.

