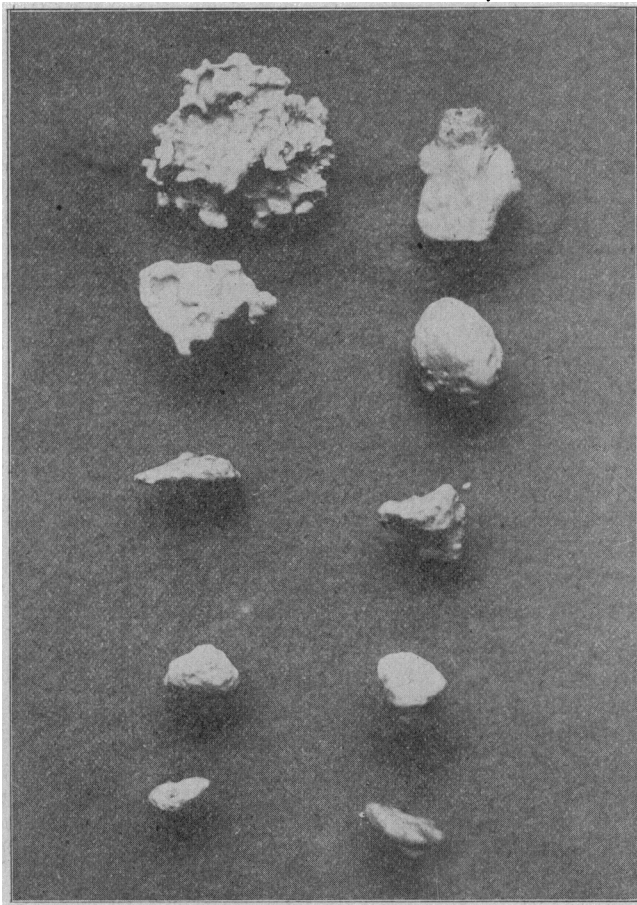


MULTIPLE LOOSE BODIES IN THE KNEE JOINT.*

JOHN PRENTISS LORD, M.D.
OMAHA.

W. C. S., a barber, aged 33 years, admitted to St. Joseph's Hospital Aug. 4, 1903. Family history negative. No history of injury nor other exciting cause. Left knee began to trouble him fourteen years ago. Had attacks of inflammation every two to four years, but later years the attacks were as often as three or four times yearly. He had knowledge of loose bodies within the joint for the greater portion of the time. They produced locking of the joint and inflammation followed. Recently these attacks have been much worse and great swelling and pain resulted. On presentation many loose bodies were easily distinguishable.

Operation.—August 5, 1903, an incision was made as for a Volkmann resection of the knee. The patella was sawn trans-



versely, the lateral and crucial ligaments divided, which exposed the whole articulation. Four bodies were removed from above the patella. One of these was the large one of mulberry shape. Four were removed from under and beside the patellar tendon, and two from the posterior part of the joint, behind the crucial ligaments; these two were, in fact, posterior to the condyles, and much effort was required to dislodge them by the use of curved scissors. The bodies by the patellar tendon required removal by the scissors on account of pediculated villous attachments. In the localities of the attached bodies the synovial membrane was much thickened and hyperemic. On the central surface of the inner condyle the cartilage seemed fibrillated, bruised and torn, as if by the impingement of a body between the joint surfaces. The patella was wired in the approved manner. The ligaments were sutured with

chromicized catgut and the skin with plain catgut. Small gauze drains occupied the dependent angles of the incision. A dry gauze dressing was used and a plaster-of-paris interrupted splint was applied, reaching to the perineum.

Result.—Healing was primary and the patient left the hospital in good condition Aug. 25, 1903. He returned to his work September 20, though he continued wearing the splint until October 4. Passive motion had been used on removal of splint at night, for two weeks preceding this time. Moderate efforts only were used to restore function. Too strenuous efforts produced irritation and inflammation and this treatment could not be pushed. On account of slow resumption of flexion function the patient returned to the hospital November 22, and under chloroform forcible flexion of knee was made, but on account of apparent separation of the lateral ligaments along the line of incision, flexion was not carried beyond a right angle. A posterior splint and an ice bag were applied four days. Splint removed December 2. Condition good. Dec. 16, 1902, patient had about 30 per cent. of flexion and no irritation in the joint. Little has been done to restore flexion function, because it was considered injudicious to put any considerable strain on ligaments the union of which was immature. A much larger range of motion is now expected, however, as a result of the more active efforts now being used to secure function.

With the knowledge that part of these bodies were behind the condyles (and being informed also that they were the principal offenders), I did not believe it to be practicable to undertake their removal without a free exposure of the joint, believing that there would be greater danger from infection and liability of failure in securing all the bodies, if full command of the joint was not obtained. Even with this advantage considerable difficulty was encountered in removing the bodies from the posterior part of the joint.

My attention was called to the use of this incision for exposure of the joint by the Mayo brothers, C. H. Mayo having reported this procedure for suppurating knee joint.¹ Further experience was reported by W. J. Mayo in a paper before the American Academy of Railway Surgeons at St. Paul in September, 1900. This method has also been used by others in treating that formidable condition, endangering, as it does, lives and limbs.

The feasibility of this procedure for facilitating the successful extraction of these bodies and insuring the success of the operation was clear to me, though no precedent could be found in literature. It is, therefore, presented at this time for consideration. While I succeeded in this single case, I am free to admit that like fortunate results might not follow sufficiently often to justify so seemingly formidable a procedure in a condition not absolutely demanding so radical a course. Discussion may reveal a better mode of procedure. It is conceded that such a mode of invasion would be rarely required, and it is not recommended when not absolutely necessitated by this condition. It has the disadvantage of precluding the early resort to manipulation so necessary in restoring the function of a joint surgically traumatized to this extent, without the result of separating the delicate union before it is sufficiently strong to withstand forced flexion. It is somewhat questionable whether completed restoration of function can be secured after such an operation. In the present case the early return of the patient to his home prevented that supervision so necessary in securing good functional results in a joint thus made liable to ankylosis.

It is not my purpose to discuss the pathology of loose bodies in the knee joint more than to say that the bodies

* Read at the Thirteenth Annual Meeting of the Western Surgical and Gynecological Association, held at Denver, Dec. 28-29, 1903.

1. *Annals of Surgery* of January, 1895.

in both of these cases were evidently developed from hypertrophied villi, which, in my opinion, cause these bodies most frequently. Those caused by trauma and separation necrosis, according to some authors, must be most rare. In fact, it is my opinion that these are more ingenious theories than demonstrated actualities.

WHAT SHOULD BE THE PHYSICIAN'S POSITION IN THE BODY POLITIC?*

H. BERT. ELLIS, M.D.
LOS ANGELES, CAL.

Each man, in his time, plays many parts, and the parts which should be played by our profession may well occupy us for a little while.

The logical relation of medicine to sociology has very naturally created some peculiar types of fame for physicians. Oliver Wolcott, a signer of the Declaration of Independence, who led in the foundation of medical societies and journals, is better known as a financier. Benjamin Rush, an alienist, clinician, hygienist and hospital reformer, incurred more enmity by his political conduct than he won fame by his medical science and patriotism; he was a signer of the Declaration of Independence, yet, through criticisms of the "little-great" Colonial nobodies of New England, Virginia and Pennsylvania, he created so much offense that the animosity of their descendants still pursues him, so that as yet the National Capitol has not his monument.

The quaintest instances of extra medical fame of physicians are found in Guillotin and Gatling, the inventors of the guillotine and of the Gatling gun.

It is difficult to say whether Souberbeille owes fame to being a regicide or to his genitourinary surgery in the domain of bladder calculi. He combated the crushing of calculi with as much vigor as he opposed the Bourbons; he survived the French Revolution to take part in the movement that placed Louis Philippe on the throne in 1830 as Citizen King. While Souberbeille voted for the death of Marie Antionette, he insured her better treatment during imprisonment.

It is an open question whether the fame of Erasmus Darwin, the grandfather of Charles, rests more on his medical treatise, *Zoonomia*, once so great a favorite in the United States, or on his poetry, still extensively quoted. Keats, who was better known as a poet than a physician, unlike Darwin, never actively engaged in practice. Many physicians who have been as eminent in other fields as in medicine might be mentioned, as, for instance, Huxley, Virchow, Weir Mitchell, Hammond and, not to be negligent, our own Bullard.

THE PHYSICIAN IN PUBLIC LIFE.

We have found that knowledge of medicine adds to the efficiency of those possessing it. That it is compatible with many things else—law, preaching, literature, painting, poetry, natural history, exploration, astronomy, invention, both in the arts of war and peace, and adds dignity, honor and usefulness to a man in any profession. But a physician who knows nothing and does nothing but his professional work, is ordinarily a poor physician, and is more likely to be at outs with the whole community. Narrowness of interest creates narrowness of mind, and no vocation needs broader-minded grasp than medicine.

Every physician should have some hobby or recreative

employment or study, outside of the mere lucrative side of his profession. Every practitioner of medicine should do more or less politics, and I use politics in its broad sense, that is, to augment the strength and resources of a nation or state and to protect its citizens in their rights and to preserve and improve their laws. In this sense the physician may do much politics without being in any sense a party politician, for there is a positive and vital relationship between medicine and the scientific principles underlying social conditions and phenomena. Whenever medicine has touched politics, politics has been bettered, but whenever corrupt politics has touched medicine, medicine has been smirched.

The relation of social conditions to disease is a topic that is becoming more and more insistent, with the reflections that are the natural accompaniment of advancing knowledge, and it is incumbent on the physician to give more attention to the public health.

For a physician to neglect personal attention to civic and political problems is selfish and unjustifiable. His educational advantages, his specific knowledge of sanitary requirements, his trained judgment, his self-restraint and poise in responsible situations, his familiarity with the vagaries of human nature, and the respect shown him by his fellow-citizens, make him eminently qualified for executive work, and even leadership in civic affairs.

The man of education, brains and capability owes a certain part of his day to the community in which he lives, and to the associations with which his personal success and happiness are due. If he does not give it, he is not doing his full duty to mankind. The greater the advantages he possesses, the greater the call to serve his fellow-man. Few men, as a class, have a greater personal capacity than physicians. Therefore, few owe more to the state.

The physician should aid personally in the endeavor to raise the standard of health, education, art and honesty in the region in which he resides. Time may be required to convince his community that sanitary plumbing, pure water and compulsory vaccination pay. Men of lower ideals may deny that official dishonesty and public indecency sap the vigor of a village, town or city, and inevitably lead not only to higher taxes, but also to diminished personal safety. These truths may be inculcated while carrying on his daily professional work, and he will find that his life is more valuable to his fellow-man than that of the physician who, from laziness, carelessness or timidity, neglects his civic duty, under the pretense that his professional work is too exacting to permit such diversion of energy. The physician's work for the state must have, to be successful, the same quality as his work in medicine. Courtesy and sincerity, honesty and courage, earnestness and intelligence are as essential in the one as in the other. He must be willing in both activities to labor without thought of personal reward.

The membership of physicians on school boards is an undoubted advantage to the public. First, physicians are better able to co-operate and work with the local boards of health, and are, therefore, better able to demand proper sanitary conditions in school buildings and grounds; second, because of the nature of their work, they are better able to comprehend the necessities of the scholars in regard to seating and desks; the tinting of the walls as affecting eyesight; the necessity for correctly lighted rooms, and that the wall boards should not be black. The physician is in a position to insist

* President's address at the Thirty-fourth Annual Meeting of the California State Medical Society, 1904.