



# THE KNEE

## AND RELATED STRUCTURES

Injuries — Deformities — Diseases — Disabilities

By

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*Illustrated With 333 Figures and 2 Colored Plates*

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**Dedicated To**

the late

**SIR ROBERT JONES**

The greatest authority of his time,  
on the Knee\*

\* It was my good fortune to have served under Sir Robert at the Third Western General Hospital, Newport, Monmouthshire, England, during World War I, as Captain, M.C., A.U.S. with the Royal Army Medical Corps.

and to the late

**DR. ARTHUR DLAN BEVAN†**

who kindled my interest in disorders  
of the knee joint

† Professor of Surgery at Rush Medical College, Chicago

Devoted To

The late

MR. ROBERT JONES

The funeral services will be held

on the 12th

at 10:30 a.m. in the funeral home of Robert J. Jones, 1234 Western Avenue, Chicago, Ill. The funeral will be held at 10:30 a.m. on the 12th at the funeral home of Robert J. Jones, 1234 Western Avenue, Chicago, Ill.

and to the late

MR. JAMES R. JONES

who kindly allowed his remains

to be used for

the purpose of being placed in the



## FOREWORD

BY MELVIN S. HENDERSON, M.D.

Forty-five years ago, when I was an intern in one of the larger metropolitan general hospitals in the Midwest, I was assigned to a busy general surgical service. My chief was a very able surgeon. It so happened that the most acutely ill and trying case on this service was that of a robust young woodsman from the North, who had an infected knee joint. The story was tragic. One day while clearing limbs off a fallen tree his sharp ax was deflected and cut into his knee joint. He was alarmed because, along with the bleeding, "the joint water escaped." At that time there was prevalent an evil belief among woodsmen that a good large "chew" of tobacco applied as a poultice to any wound would prevent "festering." This was done in the case here referred to, with a terrible result. The man went through weeks of terrific pain largely uncontrolled by cast, splints or traction. His fever was high and septic; he was delirious and wasted away to a mere skeleton. Finally amputation was done through the middle of the thigh just in time to save his life.

This experience so early in my professional career made a lasting and deep impression on me. As a result, I never advised or performed an operation on a clean knee joint, that the picture in this case did not lurk warningly in my mind.

In my early years in orthopedic surgery, often the advice to a patient that a damaged meniscus of the knee be removed was met by the question, "But, doctor, will that not leave my knee joint stiff if the joint water escapes?" The question was pertinent. Severe infections after an abdominal operation generally led to death. In a few days all was over. The result was accepted as unfortunate but inevitable and before long most was forgotten. Not so if the case is one of infected knee joint; after prolonged suffering the patient was likely to be left with a stiff knee. Or perhaps a lifesaving amputation was necessary and he stumped around the rest of his days, an example of a surgical tragedy. Hence arose the fear of knee joint operations in the mind of the laity.