

Hospital Reports.

REMOVAL OF A LOOSE BODY FROM THE RIGHT KNEE JOINT—CURE.

UNDER THE CARE OF R. B. NEVITT, B.A., M.D.,
IN THE TORONTO GENERAL HOSPITAL.

O. G., æt. 24, admitted March 24, '90—a strong, healthy, well-built man. On the fifteenth day of last November, while walking, he stepped upon a limb of a tree in such a manner that the limb fitted into the hollow of his foot and caused him to twist his leg; he fell forwards and was unable to rise. He then found it impossible to completely extend his leg at the knee joint. Flexion of the leg on the thigh was possible, and he could straighten it up to a point when the leg formed an angle of 120° with the thigh; further extension was impossible, and all attempts to bring about complete extension caused excessive pain. There was a slight amount of swelling after the accident, but no pain as long as the joint was kept at rest; he walked about without discomfort, save that which arose from the flexed condition of the limb. He consulted a doctor and, following his directions, blistered the knee, he then tried rubbing with turpentine, and subsequently rubbed the joint with oils of various kinds. These forms of relief failed to give him relief until one night, two months after the accident, while rubbing it vigorously with "coon oil" he was able to straighten the limb for the first time. He began to walk on the straightened limb, and then he observed that "a little bone" had come out and lodged on the *left* side of the joint. At night he rubbed the joint with turpentine, and the following morning found the loose body out on the *right* side of the joint. It subsequently kept moving out and in for months; the joint was stiff very frequently, especially when kept at rest for some hours, but, after exercise, movement in the joint became more free. The only pain he suffered was when the loose body came "out," and it was his constant endeavor to keep it under the quadriceps extensor tendon, where it seemed to lodge without giving the patient any annoyance whatever. He was admitted to the hospital under the care of Dr. Nevitt. There was some difficulty in getting the loose body to appear, and the patient was told that when it did appear he was to fix it in posi-

tion by applying a pad between the extensor tendon and the loose body; this was done and a turn of bandage held the pad in its place; the loose body at length appeared on the left side of the joint. Dr. Nevitt fixed it by means of a needle and cut down upon it; unfortunately, however, it slipped back into the joint, and could not be recovered; the wound was dressed and the attempt to secure the body was postponed. A few days after, on April 18th, the patient had again fixed the body, this time on the right side of the joint. Dr. Nevitt secured it in position by pressing it firmly with the thumb, the pressure was directed upwards and backwards, so as to force it away from the joint and extensor tendon as much as possible. An incision three-quarters of an inch long was made, and the various structures divided, including the joint capsule, when the loose body slipped out without any difficulty. A suture was inserted and dressing applied. The wound healed perfectly, and the joint is now perfectly healthy and free from all pain. Most careful antiseptic precautions were taken during both operations, and the wounds were thoroughly aseptic throughout the healing process.

The loose body was a cartilaginous nodule, irregularly pear-shaped, $\frac{5}{8}$ ths of an inch in length and its greatest width $\frac{3}{8}$ ths of an inch. The apex of the pear was soft and pliable as if it had at one time been attached by a fibrous pedicle.

Pathology.

PRIMARY CANCER OF THE GALL-BLADDER AND ITS RELATION TO GALL-STONES AND CICATRICES OF THE GALL-BLADDER.—(*Centralblatt für Klin. Med.* Sept. 7, 1889).—In cases in which gall-bladders containing calculi are found to be cancerous, clinical observation seems to show that, in the majority, the calculi precede the cancer. Zenker in explaining the causation of the cancer in these cases, follows the lead of Hauser in his investigations on cancer of the stomach, occurring after ulceration. The theory advanced by Hauser is, that the cicatrization of gastric ulcers sets up an abnormal proliferation of the glandular epithelial elements, and this process becoming chronic under prolonged irritation, ends in the carcinomatous growth. In the case of the gall-bladder, the