

knee and in the articulations of the feet. At thirty-three years of age, a third attack was accompanied, almost immediately after its appearance, by metatarsal articular disturbances, disturbances in the tibio-tarsal articulations, and in the left knee. In six months a fourth attack of gonorrhea brought on arthropathies in the articulations, which had been first affected. Finally in the month of December, 1898, a fifth gonorrheal attack brought on new arthropathies on the internal surfaces of the two great toes.

Bacteriological examination of the urethral pus and of the urine has never revealed gonococci. In spite of this fact, Lannois declares that there can be no doubt of the importance of gonorrhea in the causation of relapsing arthropathies and trophic disturbances presented by this patient. Moreover, the articular lesions, their symmetrical character in the feet (which cannot be attributed to want of movement through functional weakness), and the trophic changes in the skin are in favor of some influence from the nervous system. It is probable that the toxines produced by the microbial germination in the urethra and the bladder must be taken into consideration, since they might act either on the central nervous system or on the peripheral nervous system.—Translated from *Giornale Internazionale delle Scienze Mediche* by W. HARLEY SMITH.

ORTHOPEDIC SURGERY.

IN CHARGE OF CLARENCE L. STARR, M.D.

Internal Derangements of the Knee-Joint.

W. J. Walsham (*Brit. Med. Jour.*, July 29th, 1899) deals with the subject of internal derangements of the knee-joint, and throws a great deal of light upon a subject which is often the cause of much anxiety to the surgeon. He classes these derangements thus: 1. Loose bodies. 2. Detachment, or displacement of the semilunar cartilages. 3. Enlargement, with nipping of hypertrophied synovial fringes. 4. Elongation of ligamentum patellæ.

These may have certain symptoms common to all, viz., effusion into joint cavity, a feeling of weakness or disability in the joint, some limitation of motion, pain, and, at times, a feeling as of something slipping in the joint. There is also usually a history of some injury, blow, or sprain. That the condition is more than one of simple synovitis, is determined by the fact that after cure of the synovitis by the usual means, a recurrence takes place when patient attempts to go about.

Loose bodies are as a rule easily diagnosed, as they can