seems to have been as near the falx cerebri—the membrane separating the cerebral lobes—as is consistent with the escape from injury of the longitudinal sinus, and doubtless the rule and the probe were both thrust between the two lobes, which, if the explanation is correct, might readily be done, even to the corpus callosum, without injury.]

MENDOCINO, March 13th, 1869.

DR. GIBBONS, Jr.

*Dear Sir*—Yours of March 6th is at hand, and in answer to your inquiry I would say—the cut extended from the root of the nose to the occipital protuberance, or rather ½ an inch to the left of it, and ½ an inch below it, consequently passing through the left parietal bone, and across the coronal and lambdoidal sutures; missing, as you see, the longitudinal sinus. The widest gap in the skull was at the union of the coronal and sagittal sutures; that is, the point where the measurement was taken. The wound in the scalp was longer than in the skull, at the back of the head, so I am aware there was no further fracture of the parietal bone. But fracture at the frontal bone I always suspected, for I could account for the gaping in no other way. But the wound was so horridly frightful, that I dare not make any very minute examination; confining my *surgery* in the case, to cleansing the wound and bringing the bones together in the manner described; expecting to have him die while dressing his wound, and feeling tolerably certain I could examine him soon, after death, and satisfy myself more fully as to the nature and extent of the injury. Why hemorrhage was *not* fatal, (in fact there was scarcely any,) is because circular saws have never produced hemorrhage to my knowledge. They strangulate the arteries. I believe the femoral artery could be cut by them without producing immediate death. I dare not publish it as my opinion but I believe the saw reached the base of the skull. How could the bones fall apart otherwise? That they did fall apart I am certain, and measured the opening. I was in error as to the date of injury. It was on the 18th of August, 1864, instead of July. He was 10 years of age the following October. He is a native of Freetown, Mass. I am well aware the case will cause comment. I do not claim to have displayed any very remarkable surgical skill. If I am entitled to any credit at all, it is for resisting the temptation to probe, pry, finger and handle the man's brains. I am not accused of being a timid surgeon. But I hated to do any thing for the man at all, in an ignorant community, where I would be charged with his murder if he happened to die while dressing the wound. But I did the best I could for him, and in spite of the laws governing life, he recovered—more by sheer luck than surgical science. A. C. FOLSOM.

P. S. Perhaps I have been too brief in my report of the case; but I dare not make it as bad as it really was. I think with you that it is second to none reported, save the famous tamping-iron case of Dr. Harlow, and only that my *eyes* and *hands* are *my principal witnesses*, (as lawyers say,) I could not believe the accuracy of the report. I shall be happy to give you, "all the world and the rest of mankind," all the information possible; but I cannot well gratify the desire of my professional brethren to possess Mr. Chase's skull, until he has no further use for it himself.

—*Pacific Med. Jour.* A. C. F.

## A Case in which two Loose Cartilages were removed by Separate Operations from the Left Knee-joint of the same Individual. Recovery, without an unfavorable symptom.

BY HOLMES COOTE, F.R.C.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

On the 20th of March, I met by appointment Mr. Worship, of Riverhead, to operate on a patient of his, who was suffering from the presence of a loose cartilage in the left knee-joint. As we proceeded to the residence of the patient, Mr. Worship inquired of me whether I had ever met with a case in which two coexisting loose cartilages had been observed in the articulation of the knee. I replied in the negative; although I knew no reason against the possibility of such an occurrence. I had seen numerous loose bodies in the hip-joint of an aged female, who had died after many years' suffering from rheumatic arthritis; and I have since found out that which I did not at the time remember—namely, that Morgagni had related the particulars of a case in which, after death, twenty-five of these bodies were found in the knee-joint of a woman who died of apoplexy. I noticed, however, that some doubt still remained in Mr. Worship's mind whether there were one or more than one in the knee of the patient in question.

On arriving at the house, I found the patient to be a tall, well-made young man of seventeen years of age. The usual symptoms were present, so that he feared to take any active exercise. The patient, having been put on a couch, the loose cartilage was soon found near the inner condyle; but in a moment, owing to some slight movement of the limb, it disappeared. After a short manipulation, we found one on the outer side of the joint—which we both, I believe, regarded as the same one first felt, having only shifted its position from one side to the other. I at once transfixed it with a long, sharp, and strong needle. The patient then, at his own desire, inhaled chloroform, and became insensible. I made a longitudinal incision down to the synovial membrane over the cartilage, and, raising the latter on the end of the needle, pushed it outwards. A very limited incision through the synovial membrane allowed me to push the cartilage out of the joint. The needle was then removed, and the wound at once closed by three metallic sutures, by strips of plaster, and by a thick layer of collodion. Mr. Worship put the limb on a back-iron splint, and suspended it to a cradle—such as is in common use at St. Bartholomew's Hospital. The limb was not disturbed for a week, and Mr. Worship informed me that in the seven days the wound was closed.

Soon after rising from his bed this gentleman discovered, to his great disappointment, that there was a second loose cartilage in the same knee. Indeed, there was every reason to believe that the cartilage first felt on the inside of the joint was the same as that which now remained, and produced the usual feeling of pain and discomfort.

I met Mr. Worship at Riverhead on April 13th, but we failed to find the cartilage after the most protracted examination. The patient ascribed the failure to the fact of his having kept his bed for the last three days, when, as he said, the cartilage