

of soda at the same time on the inner surface of the membrane.

I have said that the parts appear as if they had been worn away by friction. But this is not all; if it were so, the cancellous structure of the bone would become exposed, which, as you will perceive, on examining the preparations, is not the case. A process of repair is going on simultaneously with that of destruction, in consequence of which the exposed surface of the bone every where is of a hard and compact texture.

The existence of this singular condition of the joint is indicated by a grating like that of a rusty hinge; a circumstance which the condition of the articulating surfaces at once explains.

A somewhat similar symptom may occur under other circumstances. In young persons, especially in young women, there is sometimes a crackling not only of the knee, but of the other joints, apparently connected with a defective secretion of synovia. In elderly persons the cartilage undergoes an alteration of structure, assuming a fibrous appearance, and this is followed by an absorption of it, so that the surface of the bone is exposed, and the result is a grating, like that of a fracture when the joint is moved. This is one of the changes incident to advanced life, is scarcely to be regarded as a disease, and can no more be remedied by art than grey hair can be restored to its original colour.

Hysterical Affections of the Knee.

There is a complaint of the knee, of common occurrence, especially in young women of an hysterical constitution, and which is frequently confounded with more serious diseases; so that I have known patients labouring under it to be treated for a long time for scrofulous disease, or ulceration of the cartilage; and, indeed, cases have occurred in which the limb, through this error, had been actually amputated. An hysterical young woman sprains her knee, or thinks that she does so, in walking. She complains of pain; believes, that she cannot walk; she becomes an object of attention, and her family and friends are alarmed by the prospect of a white swelling. I need scarcely state that all hysterical symptoms are aggravated by constant attention to them; and such is the case here. The pain becomes more severe, and at last a surgeon is consulted. He finds the knee no larger than the other, but the patient says it is exceedingly painful. She cannot bear it to be touched or moved, and often lies on the sofa a perfect fixture. On your examining the knee she winces as if it caused her the greatest suffering; and you may observe that the slightest touch will produce as much pain as a heavy pressure. Pinching the skin over the joint occasions more pain than squeezing the surfaces against each other with the hand on the heel. If the limb be examined while the patient's attention is directed to what you are doing, she complains severely, but if the examination be made while she is engaged in conversation, and her mind otherwise occupied, she bears considerable pressure on it without making any complaint whatever. The following are the diagnostic marks of the disease:—*first*, that the patient is of an hysterical constitution, probably she has other hysterical symptoms; *secondly*, that the joint is not swollen; *thirdly*, that a light touch of the skin produces as much pain as a heavy pressure; and, *lastly*, that if the patient's attention be directed to other matters the joint may be handled without causing any pain at all.

For the most part the diagnosis is sufficiently easy. There are some cases, however, which will puzzle a surgeon in spite of a good deal of experience. For instance, a girl labours under this affection of the knee; it has been mistaken for two or three years, leeches have been applied, repeated blisters and stimulating liniments of all kinds have been used to irritate the skin. These applications alter the appearance of the joint, they cause effusion of serum and

lymph beneath the skin: the joint seems swollen, and under this mistaken treatment, continued for two or three years, although there is no disease at all, the knee looks as much like a diseased joint as possible.

This affection is occasionally met with in the hospital, but more frequently in private practice. I am satisfied that a great number of cases that were formerly treated as white swelling of the knee were nothing more than hysterical affections. I have myself mistaken the case, over and over again, in the early part of my professional life; and I suspect there are some who are liable to make the same mistake even at the present day.

The more the attention that is paid to any hysterical disease, the longer it will last. If an hysterical patient has retention of urine, while a catheter is regularly used she will not recover the power of making water herself. So, in this case, so long as the knee is made the subject of surgical treatment, and the surgeon pays his daily visits, and the patient's friends continue to make her complaints a subject of conversation, so long will her recovery be delayed; and hence it is that I have known young women affected in this way, remain on a sofa, the victims of an error, for many successive years.

The first thing to be done is, to direct the attention of the patient to other things. Tell the family not to make her ailments the subject of conversation; and, *above all, do not let her have too much surgical attendance.* Nothing should be done in the way of local application, for it only fixes the thoughts on the part affected. If anything be applied it should be a simple remedy, such as a lotion of camphor mixture and spirits of rosemary; and this should be had recourse to only when the pain is more severe than usual. But try to improve the general health. Probably the menstruation will be found deficient, and some preparation of iron may be exhibited with advantage. In many cases there is a weak circulation, cold hands and feet; and combinations of iron and ammonia with infusion of quassia or some other bitter may be useful. If the patient lives in the metropolis, let her if possible spend a part of the year at the sea side. Above all, do not let her be confined to the sofa. She will say that she has so much pain that she cannot move. Then let her have crutches. Do not urge her to do very much at first, for this will excite suspicion and have a bad moral influence, but persuade her to do what she can without great inconvenience. She will find that she does not suffer as she had anticipated, and then she will be disposed to do a little more, until at last she finds that she can walk as usual. Whether she recovers soon or not will depend mainly on this—whether or not she really wishes to be cured; and in this respect there is a very great difference: some young women, (and, I may add, young men too, for the same train of symptoms sometimes occurs in the other sex), prefer being laid up, and being pined and made much of by their families; while others, being of a higher order of mind, are really anxious to get about, to enjoy the society of their friends, and perform their social duties; and the latter will recover much sooner than the former.

[At a meeting of the Surgical Society of Ireland, held on the 7th of April, 1846, a paper was read by Dr. Bigger, on the use of "*Prussic Acid Vapour in the treatment of Ophthalmic Diseases.*" Some of our readers may not be aware that this supposed remedy was introduced into practice by Dr. Turnbull, of London, who, with Gearsley, Culverwell, L'Amert, and others, though belonging to the profession, had so far forgotten their duty to it, as to have adopted the ordinary methods resorted to by the unprincipled Charlatan for notoriety and